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Laparoscopic Mobilization of the Splenic Flexure as the First Step of Restorative Colorectal Resection

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Abstract

Background: Mobilization of the colonic splenic flexure (SFM) is an essential surgical step of the restorative rectal resections. However, the surgical procedures are technically complex thereby overcoming the learning curve may not be an easy process. Looking for improved expertise and better outcomes, in 2016, we have decided to routinely perform SFM as a first step of all the laparoscopic or robotic sigmoid and rectal resections.

The aim of this paper is to describe the technique of laparoscopic splenic flexure mobilization and to discuss the advantages of using it as the first surgical step in colorectal rectal resection analyzing our last 12 months experience (2018).

Method: A detailed description of the laparoscopic surgical technique for SFM is performed. There are four routes for SFM: two from medial to lateral, one starting from the splenic vein the other one from the promontory, a superior to inferior approach and a lateral to medial approach. However, the combination of different maneuvers for an easier, safer approach decreases the morbidity and is saving surgical time.

Results: Between January and December 2018, 47 patients had SPM as a first step of the performed colorectal procedure in our institution. There were 30 patients with rectal cancer, 10 with sigmoidal tumors, five with sigmoidal resection for diverticulitis and Hartmann reversal was indicated in two. The robotic approach has been used in 40% (16 patients). No intraoperative incidents were associated with the SFM. No colorectal fistula was encountered. No early cancer recurrence, deaths or major complication were encountered. The mean follow-up for these patients is 7 months (range, 4-12 months).

Conclusions: In our perspective, the routine mobilization of the splenic flexure as a first step of the colorectal restorative resections associate many advantages and these strategies should be largely used. There is a learning curve involved in such procedure and it can easily be overcome in high volume centers.

Key words: splenic flexure mobilization, restorative colorectal resection, colorectal anastomosis, oncological and functional outcomes, minimally-invasive surgery