Robotic Right Hemicolectomy with Intracorporeal Anastomosis for Oncologic Resection: Step-by-Step Technique Video, Pearls and Pitfalls

Nandita Nettu Mahajan

Department of Surgery, Montefiore Medical Center, Albert Einstein College of Medicine, New York, United States

Aiita Naik

Department of Surgery, Montefiore Medical Center, Albert Einstein College of Medicine, New York, United States

Abier A. Abdelnaby *

Associate Professor of Surgery, Director, Colon and Rectal Surgical Services,

Program Director, General Surgery Residency Training Program

Department of Surgery, Montefiore Medical Center, Albert Einstein College of Medicine, New York, United States

Abstract

With the growing adoption of robotic surgery, fully minimally invasive colorectal procedures, particularly right hemicolectomy (RHC) with intracorporeal anastomosis (ICA), have become feasible, offering improved postoperative outcomes without compromising oncologic outcomes [1-8]. Complete intracorporeal ileocolic anastomosis, extended lymph node dissection and off midline incision for specimen extraction are the proven advantages of robotic RHC compared to laparoscopic approach [8, 9]. Despite these benefits, the widespread adoption of robotic RHC with ICA remains limited owing to multifactorial barriers [9]. Here we provide a structured, step-by-step video of oncologic robotic RHC to promote standardized technique and serve as an educational tool for surgical trainees.

Keywords

Robotic hemicolectomy, robotic right hemicolectomy, partial colectomy, intracorporeal anastomosis, cecal cancer.

Abbreviations:

CT = Computed Tomography

ERAS = Enhanced Recovery After Surgery

ICA = Intracorporeal Anastomosis

ICG = Indocyanine Green

RHC = Right Hemicolectomy

Conflict of Interest: The authors declare no conflicts of interest.

Financial Support: This research study did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.