

Offering New Options for Colon & Rectal Cancer Surgery

In keeping with University Hospital's commitment to excellence in patient care, the colorectal surgery team provides the most advanced care to patients with cancer. Now they not only use the latest minimally invasive procedures for treating colon cancer, they also give patients the opportunity to benefit from the latest advances in rectal surgery that dramatically enhance quality of life.

LAPAROSCOPIC COLECTOMY IS LESS PAINFUL WITH A FASTER RECOVERY

Open colectomy is the standard form of surgery for colon cancer patients, but laparoscopic colectomy is gaining momentum as an alternative that is just as effective but is less invasive, leading to a quicker post-operation recovery time. Patients undergoing laparoscopic surgery for colon cancer may also experience less pain post-surgery than those who have conventional open colectomy.

At University Hospital, patients are increasingly opting for this alternative, with extremely favorable results. These are significant reasons for them to consider the procedure as an alternative to open colectomy.

Use of a laparoscope, a lighted viewing tube that is inserted into the abdominal cavity, has been effectively used for years for gall bladder removal, during appendectomies and other procedures.

In laparoscopic colectomy, several small incisions—usually less than 1 inch—are made in the abdomen, and the laparoscope is inserted into one of them to guide the surgery. The effectiveness of this new approach for removing parts or the entire colon continues to be debated, but

Abdominal incisions for traditional colectomy can be as long as 10 to 12 inches, but with laparoscopic surgery, each small incision is usually less than 1 inch. This approach helps to minimize patient trauma and enhance recovery for most patients.

recent evidence indicates that it is a viable option for some patients.

In May 2004, it was reported in the *New England Journal of Medicine* that after nearly 5 years of follow-up in hundreds of patients who had either conventional (open colectomy) or laparoscopic surgery for colon cancer, patients who had laparoscopic colectomy recovered more quickly and had a shorter duration of pain medication. Survival rates were similar in both groups, as was the cancer recurrence rate.

[Dr. David E. Rivadeneira](#), a laparoscopic colorectal surgeon at University Hospital, says, "This study clearly indicates that laparoscopic colectomy is an acceptable alternative to open colectomy, and that it may even have some advantages over conventional surgery for many patients."

RECTAL-SPARING SURGERY IMPROVES QUALITY OF LIFE

New methods for treating rectal cancer have evolved in recent years from clinical trials performed worldwide, with outcomes that show reduced recurrence rates and better survival. At University Hospital, the surgical oncologists are providing the treatments based on these trials in an effort to significantly improve outcomes in patients with rectal cancer.

"The number of rectal cancer patients being diagnosed and treated at University Hospital is increasing and our gastrointestinal cancer team is now routinely offering these new treatment options to their patients with rectal cancer," says Dr. Martin S. Karpeh, Jr., chief of surgical oncology at Stony Brook.

Rectal cancers involving the lower third of the rectum are traditionally treated by surgical removal of the rectum and anus, leaving the patient with a permanent colostomy bag.

The first new treatment approach used in the trials and incorporated at Stony Brook involves the use of combined radiation and chemotherapy before the patient has surgery.

We have the skills and experience to offer sphincter-sparing surgery for rectal cancer and, thus, spare patients the inconvenience and emotional burden of a colostomy bag.

This approach appears to reduce the risk of disease recurrence. It also increases the chances that the anal sphincter muscle can be spared, greatly reducing the chances of the patient having a permanent colostomy.

Sphincter-sparing surgery allows the patient to preserve function of the anus. This operation for stage I rectal cancer involves newly developed "sharp dissection" limited surgery to remove the cancer and a small rim of normal bowel, but not the anus.

For a consultation with one of the colorectal surgeons at Stony Brook to learn more, call 631-444-4545 or 631-444-1793.