Combined endoluminal and endocavitary approaches to colonic lesions.

Abstract:
Colonic lesions of benign or early malignant origin may be difficult to remove by colonoscopy. However, conventional surgical resection is considered as too invasive for these types of lesions suitable for local excision. The combined laparoscopic-colonoscopic excision was performed in 75 patients (males, 42; females, 33) with benign or early malignant lesions of the colorectum. Three different variations were used: laparoscopy-assisted endoscopic resection (LAER), endoscopy-assisted laparoscopic wedge resection (EAWR), and endoscopy-assisted laparoscopic transluminal resection (EATR). If these techniques were not applicable, an endoscopy-assisted laparoscopic segment resection (EASR) was performed. Conversion rate was 5.0%. Although the expenditure of combined endoscopic/laparoscopic approaches is higher, they are attractive alternatives to either laparoscopic tubular resection or open surgery.

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