



ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

## **MEDIA RELEASE**

# **Assessing the safety of laparoscopic colorectal surgery in a low-volume setting**

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While laparoscopic treatment of colorectal pathologies is becoming the preferred approach amongst experienced surgeons with high-volume caseloads, delegates to the 80<sup>th</sup> Annual Scientific Congress (ASC) of the Royal Australasian College of Surgeons have been told there is little data available on advanced laparoscopic surgeons who perform a low-volume (<10 cases per year) of colorectal procedures.

To help address this shortage of data, Dr Lincoln Rothwell, a Sydney based General Surgeon with a colorectal interest, has presented a retrospective analysis of data collected prospectively over an eight year period (2003-2010) of one surgeon with a low-volume of colorectal procedures but a major interest in advanced laparoscopic surgery. A total of 68 patients underwent a laparoscopic colorectal procedure during the time period, with a media age of 65.

The caseload consisted of 26 right hemicolectomies, 14 high anterior resections, 9 segmental resections, 7 sigmoid colectomies, 4 low and 1 ultra-low anterior resections, 2 left hemicolectomies, 2 extended right hemicolectomies, 1 total colectomy, 1 Hartmann's and 1 reversal of Hartmann's procedures. There were 9 emergency cases (13%) and one case was converted to open (1.5%). Of the 38 patients operated on for colorectal cancer, the median number of harvested lymph nodes was 18 (5-58).

The 30 day morbidity and mortality rates were 8.8% (6/68) and 3% (2/68) respectively. The median length of stay was 6 days. There was one anastomotic leak (1.5%) treated non-operatively.

"Laparoscopic treatment of colorectal pathologies is becoming the preferred approach amongst experienced surgeons because it offers improved patient outcomes as well as shorter length of stay," Dr Rothwell said. "We wanted to see if the same was true of a General Surgeon with a keen interest in advanced laparoscopic work but a relatively low-volume caseload."

"Our data suggests that such a General Surgeon can safely perform laparoscopic colorectal surgery with outcomes similar to those with high-volume caseloads, providing the surgeon has adequate laparoscopic skills."

Dr Rothwell's presentation is one of hundreds at this year's ASC, covering all surgical specialties and aspects of surgical history and education. Nearly 2,000 delegates are expected to attend the ASC, which runs from 2 to 6 May and is being held at the Adelaide Convention Centre. The ASC program is available online at [www.surgeons.org](http://www.surgeons.org)

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