



Cancer of the Colon and Rectum (Colorectal Cancer)

Symptoms:

- Change in bowel habits
- Rectal bleeding or blood in the stool
- Abdominal discomfort
- Unexplained weight loss
- Fatigue or weakness
- Iron-deficiency anemia
- Nausea and vomiting
- Abdominal mass
- Bowel obstruction
- Jaundice: Ascites

Diagnosis and Investigation of Colorectal Cancer:

- History: (e.g., ulcerative colitis or Crohn's disease), smoking, alcohol use, and diet (high-fat, low-fiber).
- Physical examination: May reveal abdominal tenderness, palpable masses, or signs of anemia (paleness, tachycardia).

Diagnostic Test:

- CBC, Liver function tests
- Carcinoembryonic antigen (CEA)
- CA 19-9
- Colonoscopy
- Flexible sigmoidoscopy
- Barium enema (contrast radiography)
- Staging and Assessment of Metastasis
- CT scan (abdomen and pelvis)
- MRI
- Endoscopic ultrasound (EUS)
- Positron emission tomography (PET) scan
- Biopsy (colonoscopy guided Biopsy)



Management of Colorectal Cancer:

1. Surgical Management: Advanced Robotic / Laparoscopic technique used

Benefits of Robotic Colo-Rectal Surgery

1. Enhanced Precision in narrow Pelvic Spaces

- Wristed instruments with superior dexterity
- Stable 3D high-definition visualization
- Tremor filtration

2. Better Nerve Preservation

- Autonomic nerves responsible for bladder, sexual, and bowel function
- Important vasculature around the rectum

3. Lower Conversion to open rates

- Obese patients
- Male pelvis
- Low rectal tumor

4. Improved Dissection & Oncologic Quality

- More precise mesorectal excision
- Better control in low anastomoses
- High-quality lymph node dissection

5. Smaller Incisions & less Trauma

- Smaller wounds
- Reduced postoperative pain
- Lower infection rates
- Reduced risk of hernias

6. Faster Recovery & shorter Hospital Stay

- Quicker return of bowel function
- Earlier mobilization
- Shorter overall hospitalization



- Faster return to normal activity

7. Reduced Blood Loss

- Lower intraoperative bleeding
- Reduced need for transfusions

8. Enhanced Ability to perform Complex Procedures

- Very low anterior resections
- Total mesorectal excision
- Recurrent disease
- Surgery in obese patients
- Pelvic inflammatory disease or radiation fibrosis

Post-surgery:

- Chemotherapy
- Radiation therapy

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