

Helping hand of hybrid surgery benefits colorectal patients

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Despite rapid strides in minimally invasive surgical techniques -- most notably, laparoscopy -- traditional open surgery remains the most common surgical option across the United States for people with diseases of the rectum and colon.

A newer, third option is a hybrid -- hand-assisted laparoscopic [surgery](#) (HALS). The approach is safe and effective and compares favorably with standard laparoscopy, according to a team of colorectal surgical specialists at NewYork-Presbyterian Hospital/Weill Cornell Medical Center in their study published in a recent issue of the [Journal of the American College of Surgeons](#).

"Laparoscopy offers clear benefits to patients compared with open surgery, including a dramatically smaller incision, less pain and shorter recovery time. But bowel surgery can be highly complex, so sometimes a human hand is helpful," says Dr. Toyooki Sonoda, the lead author of the study, a surgeon at NewYork-Presbyterian Hospital/Weill Cornell Medical Center, and assistant professor of clinical surgery at Weill Cornell Medical College.

Patients with ulcerative colitis, Crohn's disease, diverticulitis or colorectal cancer may be candidates for partial or total removal of the colon or rectum (colectomy or proctocolectomy). Increasingly, and especially at leading medical centers like NewYork-Presbyterian/Weill Cornell, these life-saving procedures are performed laparoscopically.

Dr. Sonoda explains that there are two ways to perform laparoscopic bowel surgery:

- * Standard laparoscopic surgery (SLS), using a small "keyhole" incision through which a small camera and specialized instruments are inserted and manipulated inside the body.

- * Hand-assisted laparoscopic surgery (HALS), involving a slightly larger incision at the start of the operation -- one just large enough to allow for the insertion of the hand, which then works in tandem with laparoscopic instruments in removing and repairing bowel tissue.

Earlier studies have shown that short-term outcomes were similar between the two procedures. Now, Dr. Sonoda and his co-authors are the first to report that the two techniques have similar long-term safety profiles as well. Both are associated with very low rates of wound infection, hernia, adhesions and small-bowel obstruction -- the most common post-operative complications of traditional open intestinal surgery.

The researchers had previously taken part in a multi-institutional, randomized, controlled study that demonstrated that the hand-assisted version of the procedure led to time savings in the OR of half an hour for partial removal of the colon and a full hour for total colectomy compared with standard laparoscopy. One reason for this, says Dr. Sonoda, could be that HALS gives surgeons tactile feeling, including the sensation of depth, that helps facilitate various surgical maneuvers.

"We're committed to providing the best possible surgical results for our patients," says Dr. Jeffrey Milsom, the study's senior author. Dr. Milsom is section chief of colon and rectal surgery at New York-Presbyterian Hospital/Weill Cornell Medical Center and the Jerome J. DeCosse, M.D., Professor of Colon & Rectal Surgery, and professor of surgery at

Weill Cornell Medical College. "The hand-assisted approach has been a valuable addition to our arsenal of surgical treatments."

Dr. Milsom advises patients with bowel disease to discuss all three options -- SLS, HALS and open surgery -- with their surgeon to see which one is most appropriate for them.

Source: New York- Presbyterian Hospital ([news](#) : [web](#))

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