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Multivisceral resection in digestive tract surgery

In patients with apparent locally advanced digestive tract cancer Multivisceral Resection (MVR) offers the possibility of cure. The results reported in the literature were analyzed in this study. In locally advanced gastric cancer patients the prognosis is very poor and the role of MVR is still debated. Many studies reported high rate of morbidity and mortality and no significant increase of survival rate. An Italian multicentre observational study, including 2208 patients, demonstrated that multivisceral resection of advanced gastric cancer have an acceptable morbidity and mortality rate when a complete resection can be performed and when there is limited lymph node metastasis. When a colon cancer has adhesions with other organs, it is not possible to state for sure if there is a cancer infiltration or only an inflammatory reaction. The dissection of the adhesions exposes to high probability to disseminate cancer cells in surgical field and reduce survival time of patient. Because of that in these cases a MVR should be performed. In locally advanced rectal cancers (cT4) an actual invasion may be observed in 30-50% of cases. A MVR should be performed in order to obtain R0 circumferential margin and to preserve the integrity of the mesorectal fascia. In locally advanced rectal cancers MVR do not alter the rates of sphincter saving, morbidity and mortality when is performed in a high-volume hospital but significantly decreases pelvic relapse.

Biography

Carlo Staudacher has obtained degree in Medicine at the University of Milan, Italy. He was the Director of the Department of Surgery of San Raffaele Hospital in Milan and Full Professor of Surgery at Vita-Salute San Raffaele University, Italy.