

# Διαπρωκτική ολική μεσοορθική εκτομή (ta-TME): Tips & Tricks



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# Disclosures



- Johnson & Johnson
- Bard
- Covidien
- Applied
- Bracemedical
- Sofmedical
- Coloplast

LUC TUYMANS

You can work from websites, you can work with Photoshop. I work with my iPhone... It's ridiculous to fight new media. You can't win, so you just have to incorporate it into your toolbox.





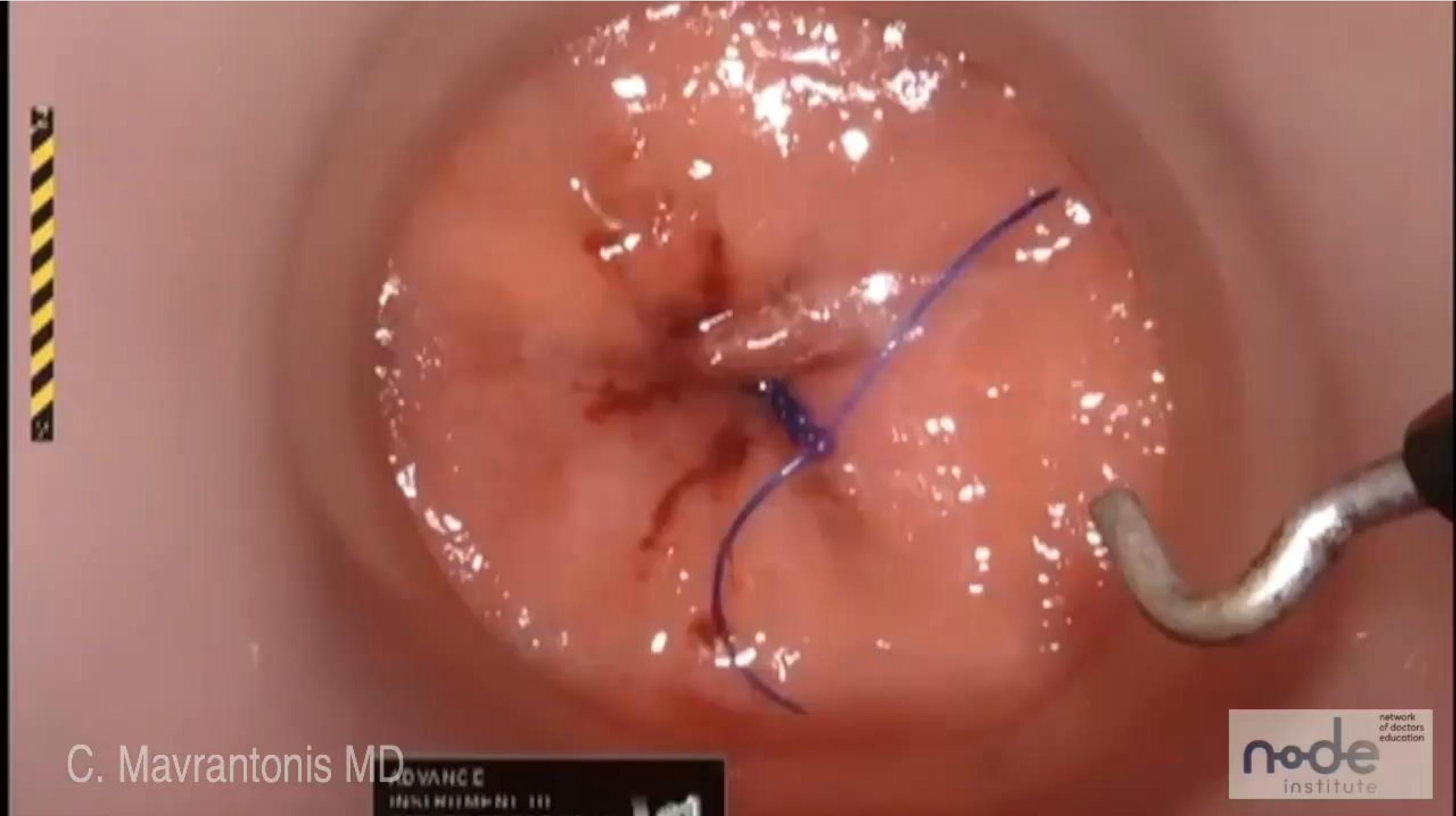
ⓘ CHECK NETWORK CONNECTION, ONSITE DISCONNECTED

VIDEO MANAGEMENT  
1 OF 1  
PREV NEXT  
VIDEO COMMENTS  
RECORD CLIP AND END

1 ARM STOWED 2 FENESTRATED BIPOLAR FORCEPS 3 4 FENESTRATED CAUTERY HEAD

da Vinci

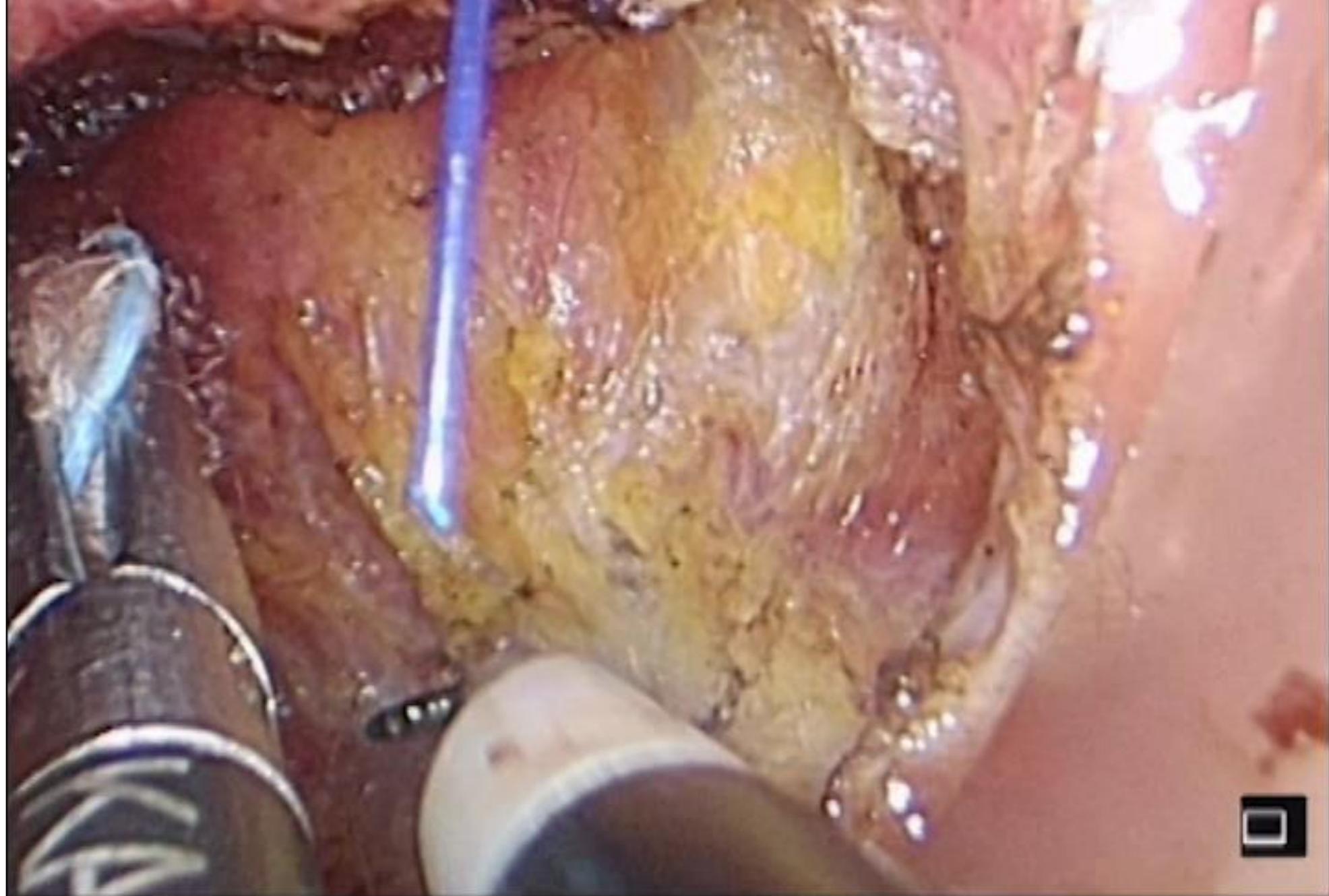
BIPOLAR 3  
COAG 3

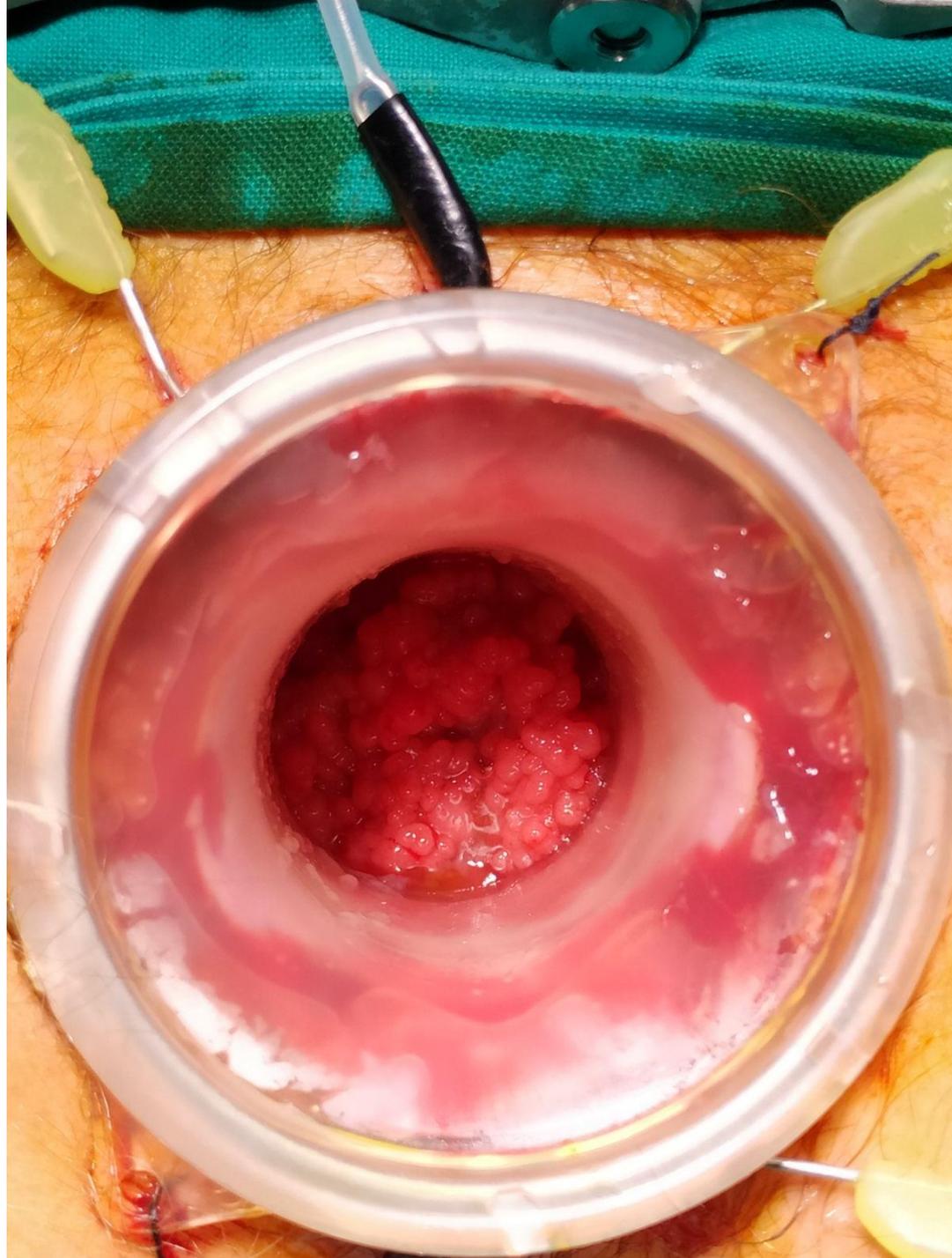


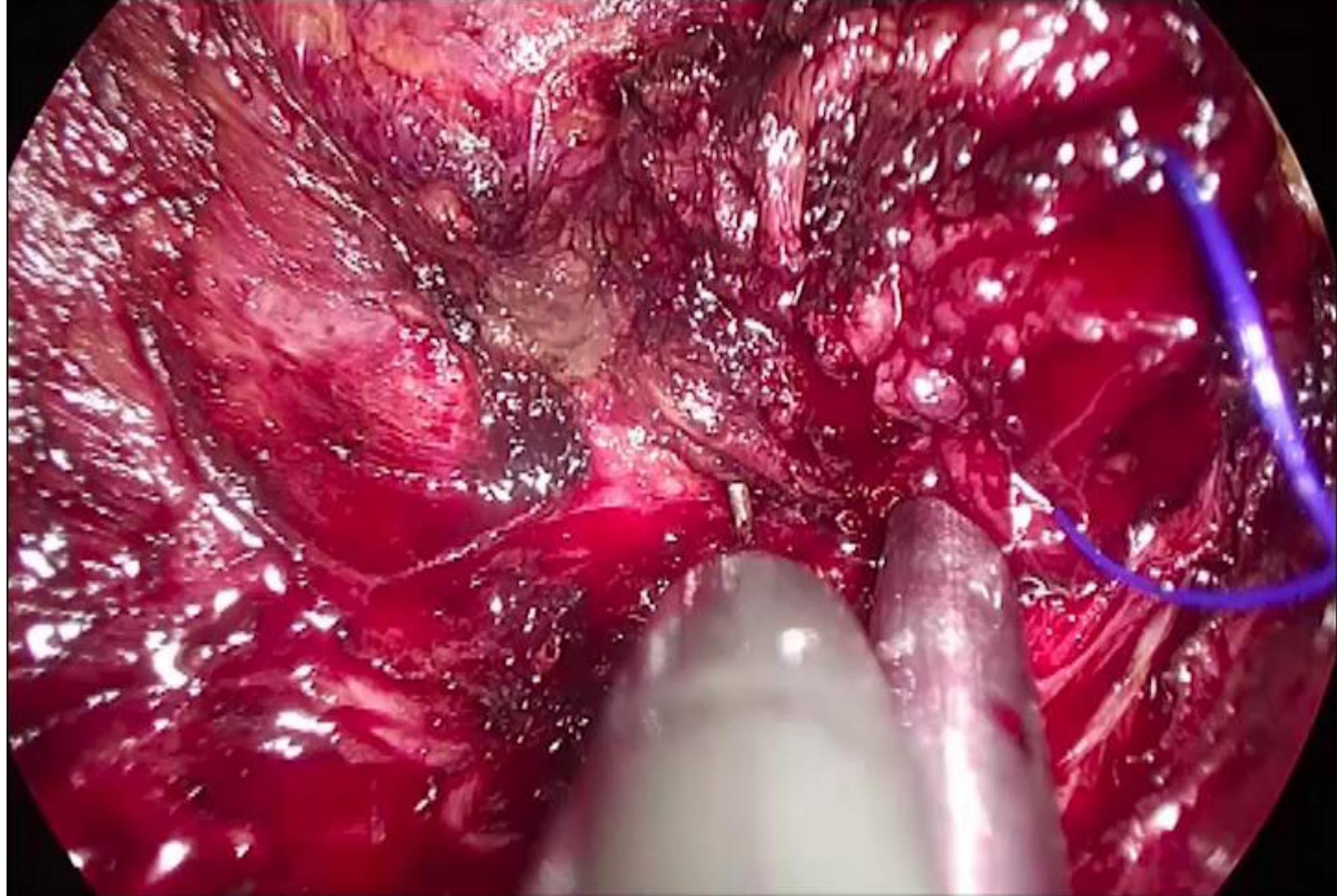
C. Mavrantonis MD

ADVANCE  
INSTRUMENT III

network  
of doctors  
education  
**node**  
institute







# Laparoscopic vs TaTME

Surg Endosc (2016) 30:3210–3215  
DOI 10.1007/s00464-015-4615-x



## COLOR III: a multicentre randomised clinical trial comparing transanal TME versus laparoscopic TME for mid and low rectal cancer

Charlotte L. Deijen<sup>1</sup> · Simone Velthuis<sup>2</sup> · Alice Tsai<sup>3</sup> · Stella Mavrouli<sup>3</sup> · Elly S. M. de Lange-de Klerk<sup>1</sup> · Colin Stetses<sup>2</sup> · Jurriaan B. Tuijnman<sup>1</sup> · Antonio M. Lacy<sup>4</sup> · George B. Hanna<sup>3</sup> · H. Jaap Bonjer<sup>1</sup>

Surgical Endoscopy (2019) 33:972–985  
<https://doi.org/10.1007/s00464-018-6527-z>

NEW TECHNOLOGY



## Short- and long-term outcomes of transanal versus laparoscopic total mesorectal excision for mid-to-low rectal cancer: a meta-analysis

Xuan Zhang<sup>1</sup> · Yi Gao<sup>1</sup> · XingLong Dai<sup>2</sup> · HongTao Zhang<sup>1</sup> · ZhongJun Shang<sup>3</sup> · XinYi Cai<sup>1</sup> · Tao Shen<sup>1</sup> · XianShuo Cheng<sup>1</sup> · Kun Yu<sup>1</sup> · YunFeng Li<sup>1</sup>

Surgical Endoscopy  
<https://doi.org/10.1007/s00464-018-6530-4>



## Transanal total mesorectal excision (TaTME) versus laparoscopic TME for MRI-defined low rectal cancer: a propensity score-matched analysis of oncological outcomes

Sapho Xenla Roodbeen<sup>1</sup> · Marta Penna<sup>2</sup> · Hugh Mackenzie<sup>4</sup> · Miranda Kusters<sup>5</sup> · Andrew Slater<sup>3</sup> · Oliver M. Jones<sup>2</sup> · Ian Lindsey<sup>2</sup> · Richard J. Guy<sup>2</sup> · Chris Cunningham<sup>2</sup> · Roel Hompes<sup>1</sup>

## Transanal Total Mesorectal Excision vs Laparoscopic Total Mesorectal Excision in the Treatment of Low and Middle Rectal Cancer: A Propensity Score Matching Analysis

Roberto Persiani, M.D. · Alberto Biondi, M.D. · Francesco Pennestrì, M.D. · Valeria Fico, M.D. · Veronica De Simone, M.D. · Flavio Tirelli, M.D. · Francesco Santullo, M.D. · Domenico D'Ugo, M.D.

Polo Scienze Gastroenterologiche ed Endocrino-Metaboliche, Università Cattolica del Sacro Cuore Fondazione Policlinico Universitario Agostino Gemelli Largo F. Vito, Rome, Italy

RESEARCH ARTICLE

Open Access

## Transanal total mesorectal excision (taTME) for rectal cancer: a systematic review and meta-analysis of oncological and perioperative outcomes compared with laparoscopic total mesorectal excision

Bin Ma<sup>†</sup>, Peng Gao<sup>†</sup>, Yongxi Song, Cong Zhang, Changwang Zhang, Longyi Wang, Hongpeng Liu and Zhenning Wang<sup>\*</sup>



## A systematic review of transanal total mesorectal excision: is this the future of rectal cancer surgery?

**C. Simillis\***, **R. Hompes†**, **M. Penna†**, **S. Rasheed\*** and **P. P. Tekkis\***

\*Department of Colorectal Surgery, Royal Marsden Hospital, London, UK and †Oxford University Hospitals NHS Foundation Trust, Churchill Hospital, Headington, Oxford, UK

Colorectal Disease © 2015 The Association of Coloproctology of Great Britain and Ireland. **18**, 19–36

(36 studies / 510 pts)

### TME

complete, near complete : 94%,  
incomplete 6%

CRM (-) 95%

DRM (-) 99,7%

Is trans-anal total mesorectal excision **really safe and better** than laparoscopic total mesorectal excision with a perineal approach first in patients with low rectal cancer?

A learning curve with case-matched study in 68 patients

[D. Mege](#) [E. Hain](#) [Z. Lakkis](#) [L. Maggiori](#) [J. Prost à la Denise](#) [Y. Panis](#)

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[Updates in Surgery](#)

March 2019, Volume 71, [Issue 1](#), pp 13–

15| [Cite as](#)

Is taTME  
delivering?

Leading article

# Norwegian moratorium on transanal total mesorectal excision

**S. G. Larsen<sup>1,5</sup>, F. Pfeffer<sup>2,3,5</sup> and H. Kψrner<sup>2,4,5</sup>, on behalf of the Norwegian Colorectal Cancer**

**Group** ([www.bjs.co.uk](http://www.bjs.co.uk))

REVIEW

## Clinical outcomes and case volume effect of transanal total mesorectal excision for rectal cancer: a systematic review

C. L. Deijen<sup>1</sup> · A. Tsai<sup>2</sup> · T. W. A. Koedam<sup>1</sup> · M. Veltcamp Helbach<sup>3</sup> ·  
C. Sietses<sup>3</sup> · A. M. Lacy<sup>4</sup> · H. J. Bonjer<sup>1</sup> · J. B. Tuynman<sup>1</sup>

	Low-volume centres ( $n \leq 30$ ) Weighted mean	High-volume centres ( $n > 30$ ) Weighted mean
Conversion (%)	4.3	2.7
Post-operative complications (%): minor <sup>f</sup>	21.9	25.2
Post-operative complications (%): major <sup>f</sup>	12.2	10.5
TME quality (%): complete <sup>d</sup>	80.5	89.7
TME quality (%): nearly complete <sup>d</sup>	15.1	9.0
TME quality (%): incomplete <sup>d</sup>	4.0	1.3
Distal resection margin involvement (%)	0.4	0.3
CRM involvement (%)	4.8	4.5

# Conclusions

- TaTME is promising
- Most published results are encouraging
- Lack of strong evidence data (COLOR III – 2025)
- The main challenges for the future of TaTME are:
  - the long- term oncological outcomes
  - the functional outcomes
  - the safe introduction of this approach

➤ Danger of rapid and adoption without training

# Transanal total mesorectal excision (taTME) for rectal cancer: a training pathway

Elisabeth C. McLemore<sup>1</sup> · Christina R. Harnsberger<sup>2</sup> · Ryan C. Broderick<sup>2</sup> ·  
Hyuma Leland<sup>2</sup> · Patricia Sylla<sup>3</sup> · Alisa M. Coker<sup>2</sup> · Hans F. Fuchs<sup>2</sup> ·  
Garth R. Jacobsen<sup>2</sup> · Bryan Sandler<sup>2</sup> · Vikram Attaluri<sup>1</sup> · Anna T. Tsay<sup>1</sup> ·  
Steven D. Wexner<sup>4</sup> · Mark A. Talamini<sup>5</sup> · Santiago Horgan<sup>2</sup>

- Self learning (videos, literature)
- Training Course
- Practice in human cadaver models (at least 1 male cadaver)
- Proctored initial experience
- Publication of data and/or participation in a clinical registry

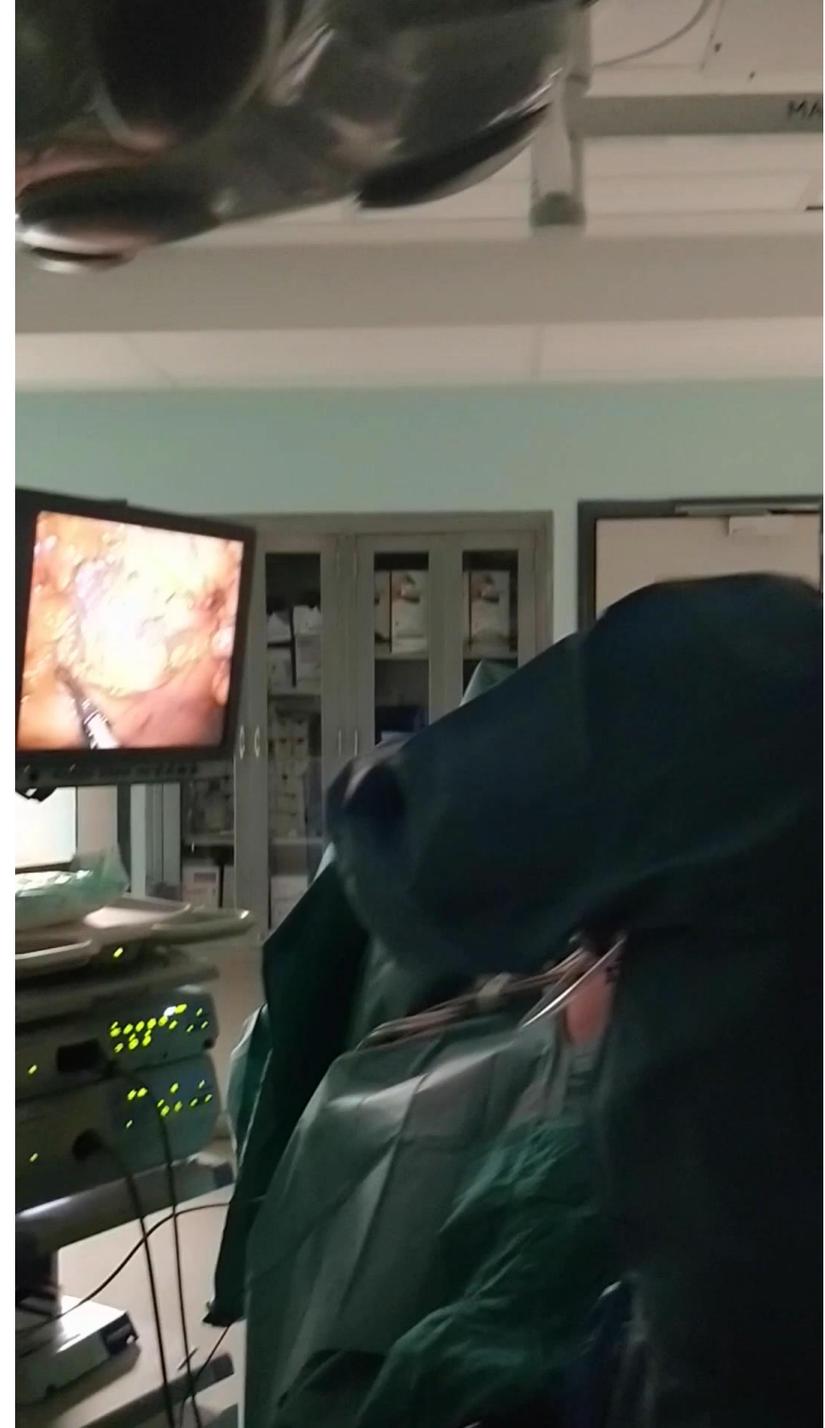
PELICAN  
*cancer foundation*

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# TaTME- hands-on Cadaveric Dissection training



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of doctors  
education



# Hands-on Cadaveric Dissection training



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# Hands-on Cadaveric Dissection training

[www.nodeinstitute.org](http://www.nodeinstitute.org)

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