

Clinical significance of abdominal right lower paramedian incision in rectal cancer operation

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Abstract

AIM: The incision in rectal cancer operation is adopted commonly in the left mid lower abdomen. But there are some defects for the incision, which is close to the artificial colotomy, readily be contaminated by feces, difficult to treat the lesions in hepatic and cholecystic area at the same time and in the weakened area of abdominal wall. So, we employed the abdominal right lower paramedian incision to solve these problems.

METHODS: The abdominal right lower paramedian incision is from pubic tubercle upward to 3-4 cm above navel. The incision should be extended upward if individual need of performing hepatic and

cholecystic operation, or placing catheter or pump in hepatic artery or portal vein for chemotherapy at the same time.

RESULTS: One hundred and eighty three cases with rectal cancer were adopted this incision in different operation procedure, and out of them 41 patients were taken different operation on hepatic and cholecystic lesions and place a catheter or pump to hepatic artery or portal vein. Operators feel that the incision dose not hinder exploring and operating in all of the patients.

CONCLUSION: The right lower paramedian incision of abdomen is far away from the artificial colotomy, and it can reduce the feces contamination, lower down the rate of incision hernia and paramedian hernia or fistula. Furthermore, it is easy to treat the complicated hepatic and cholecystic lesion. So, authors suggest that this incision is useful for the operation of rectal cancer, and it is worth to populize in clinical practice.

Key words: Rectal neoplasms/surgery; Incision; Abdominal paramedian incision; Surgery, operative

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