advantages, disadvantages and results accompanying the minimally invasive laparoscopic and robotic techniques, in the light of the latest data from the specialized literature and the authors' experience, along with the intraoperative tactical aspects, according to the tumoral topography: cephalopancreatic or corporeo-caudal pancreatic.

REZECTIE RECTALE LAPAROSCOPICE: ASPECTE PRACTICE

Zaharie F, Valean D, Taulean R, Mois E, Popa C, Graur F, Schlanger D, Ciocan A, Puia I.C., Al-Hajjar N

Abordul laparoscopic in chirurgia cancerului de rect este o considerat standardul de aur ce ofera rezultate oncologice similar cu o recuperare postoperatorie imbunatatita, si o rata minimala de complicatii. Pe fondul complexitatii crescute, cu toate astea, abordul laparoscopic ar trebui efectuat in centre tertiare, fiind rezervat chirurgilor cu o curba de invatare adecvata. O selectie atenta a cazurilor si o planificare adecvata ar trebui luata in considerare in cadrul acestui abord. Prezentarea de fata surprinde aspectele practice de baza precum si variatii tatice in cadrul rezectiilor de rect laparoscopice, precum si pasii potentiali in atingerea curbei de invatare.

LAPAROSCOPIC RECTAL RESECTIONS: PRACTICAL ASPECTS

Zaharie F, Valean D, Taulean R, Mois E, Popa C, Graur F, Schlanger D, Ciocan A, Puia I.C., Al-Hajjar N

Laparoscopic approach is an already established procedure in rectal cancer which offers a similar oncological outcome, with improved postoperative recovery and fewer complications. Due to its increased complexity, however, the laparoscopic approach should be reserved for high-volume centers and for experienced surgeons with an adequate learning curve. Appropriate patient selection and planning must be carefully considered when opting for this approach. In this presentation, the primary practical aspects as well as certain tactical approaches will be covered regarding the laparoscopic rectal resections as well as the potential steps in achieving the learning curve.

FIRST ROBOTIC APPROACH OF TENDON TRANSPLANTATION FOR APICAL PROLAPSE REPAIR - A CLINICAL FEASIBILITY STUDY

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Introduction. Pelvic organ prolapse (POP) is a frequent condition affecting more than 40% of parous women. The objective of this study was to evaluate the feasibility and safety of the first robotic-assisted sacrocervicopexy using a semitendinosus tendon autograft (rSC-T) for treatment of apical prolapse.
Methods. 10 women with symptomatic ≥ stage II apical prolapse according to the Pelvic Organ Prolapse Quantification System (POP-Q), who underwent rSC-T. Primary objective was to evaluate the feasibility and safety of the procedure and to describe the novel robotic-assisted approach. Secondary objective was the objective cure rate according to POP-Q.
Results. We included 10 patients, 8 with uterine prolapse stage II and 1 with apical vault prolapse stage III. Concomitant procedures, i.e. robotic-assisted supracervical hysterectomy (8), anterior (10) and posterior repair (5) and Burch colposuspension (3) were performed. Mean operative time (range) was 155 min. (115-246). Mean blood loss (range) was 27 ml (20-50). All operations were performed successfully without any complication. Duration of hospital stay was according to standard. After a mean follow-up time (range) of 10 weeks (1-26), the objective cure rate was 100% for apical, 90% for anterior and 90% for posterior compartment prolapse.
Conclusions. This case series show the feasibility and safety of the robotic approach to apical prolapse repair using a semitendinosus tendon autograft (rSC-T), with low complication rates and excellent short-term objective outcomes. The robotic approach was very suitable for the different key steps of the procedure. To further evaluate the efficacy and safety of this procedure we will initiate a prospective multicenter register study.

MINIINVAZIVITATE ÎN CHIRURGIA ABDOMINALĂ

Alexandru Dan Sabau*, Dan Bratu*, Catalin Gabriel Smarandache, Anca Maria Dumitra*, Draghiciu Alexandra*, Dan Sabau***

Sfârșitul secolului XX, consfințește un nou concept medical, și anume, miniinvazivitatea, demolând blocajele conceptuale, "chirurg mare-incizie mare", miniinvazivitatea își face loc și în chirurgie, sprijinită de un "boom" tehnologic într-o specialitate veche dar nou denumită imagistică medicală: ECHO, CT, RMN, Colangio-RMN, PET-CT, Angiografie.
De fapt, acest secol XX lărgește considerabil și explicit orizontul chirurgical. Alături de chirurgia tradițională și desprinsă din ea apar două noi orientări: miniinvazititatea și chirugia de transplant, ambele făcand parte din palmaresul românesc, de pe ambele maluri ale Prutului, datorită unor poli de influență și promovare. Chirurgia de transplant, complexă, dificilă, de excepție, ce presupune echipe multiple, spitale multiple, orașe multiple, țări multiple, costisitoare, energofagă, este posibilă prin „chivernisirea" banului public și în conțiile chirurgiei de zi cu zi. Compensator, această reducere a costurilor este generată de apariția miniinvazivitătii chirurgicale.
Mininvazivitatea chirurgicală este un nou concept, departe de a fi unul centimetric, eventual milimetric, și este un concept larg, anatomic, anatomo-patologic, fiziologic, fizio-patologic, topografic, cosmetic, psiho-sociologic, tactic, tehnico-tehnologic, dimensional, financiar, umanist și în primul rând de protecție a pacientului.
Obiectul miniinvazivității poate fi definit drept "evitarea sacrificiilor inutile, mai ales a celor parietale, consumatoare plastic, imunitar, temporal, în final energetic având drept consecință diminuarea până aproape la dispariție a complicațiilor căilor de abord și o vindecare