

Patient Guideline: Surgical Options for Low- and Mid-Rectal Cancer

Patient Guideline: Your Surgical Options for Low- and Mid-Rectal Cancer

Contact: EAES Guideline Office | Email: info@eaes.eu | Web: www.eaes.eu

This guide was developed by experts in rectal cancer surgery to help patients understand their treatment options and engage in shared decision-making.

What is Rectal Cancer and My Surgical Options?

Rectal cancer affects the last part of the large intestine. A common treatment is surgery to remove the tumor and nearby tissue—a procedure called Total Mesorectal Excision (TME).

There are three main surgical approaches:

- Laparoscopic TME (laTME): Small cuts are made in your belly with a camera-assisted technique.
- Robotic TME (roTME): Similar to laTME but uses robotic arms for improved precision.
- Transanal TME (taTME): The surgeon operates through the anus, which may help access tumors low in the rectum.

Why Were the Guidelines Updated?

Since 2022, new evidence has emerged about taTME. Experts have reviewed this to update recommendations for patients with low- and mid-rectal cancer.

Who is This Guideline For?

For full clinical guideline and visual tools, visit: <https://app.magicapp.org/#!/guideline/9532>

This guideline is designed for patients diagnosed with low- or mid-rectal cancer who are considering surgery. It supports informed and shared decision-making.

Summary of Recommendations

If your hospital has experienced taTME surgeons:

Patient Guideline: Surgical Options for Low- and Mid-Rectal Cancer

- taTME is recommended over laTME for male patients, patients with higher body weight, or tumors low in the rectum.

If taTME expertise is not available:

- laTME is recommended as the safer option.

If robotic surgery is available but taTME is not:

- roTME is a reasonable alternative, though evidence is less certain.

Benefits and Risks of Each Surgery

How Strong is the Evidence?

- taTME may reduce complications and recurrence (Low certainty).
- laTME remains effective and widely used.
- roTME shows potential, but long-term outcomes are less certain (Very low certainty).

Questions to Ask Your Surgeon

- What are my surgical options at this hospital?
- Are you or your team experienced in taTME or roTME?
- What are the benefits and risks in my case?
- Can I speak with other patients who had similar surgeries?

Glossary

- TME: Surgery to remove rectum and surrounding tissue.
- LARS: Bowel problems after surgery.
- CRM/DRM: Margins checked to ensure complete tumor removal.
- taTME/laTME/roTME: Different surgical approaches to rectal cancer.

Key Takeaways

- You have multiple safe surgical options.

Patient Guideline: Surgical Options for Low- and Mid-Rectal Cancer

- taTME may offer benefits for certain patients, but only when done by experienced surgeons.
- If taTME is not available, laTME or roTME are good alternatives.
- Your decision should be based on your health, surgeon's experience, and hospital resources.

What Can I Do to Help Myself?

After surgery, healthy habits can support recovery and improve outcomes. These may include:

- Eating a high-fiber, balanced diet
- Staying physically active as advised by your care team
- Avoiding smoking and limiting alcohol
- Reporting any bowel or urinary issues early