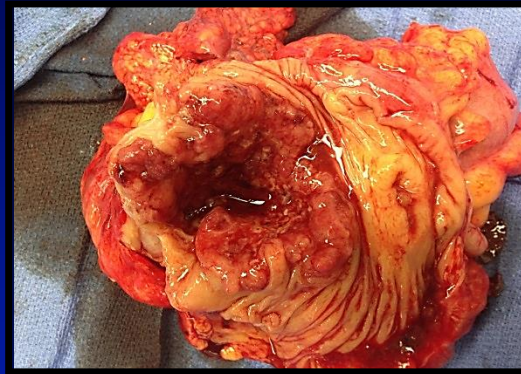


# COLON CANCER



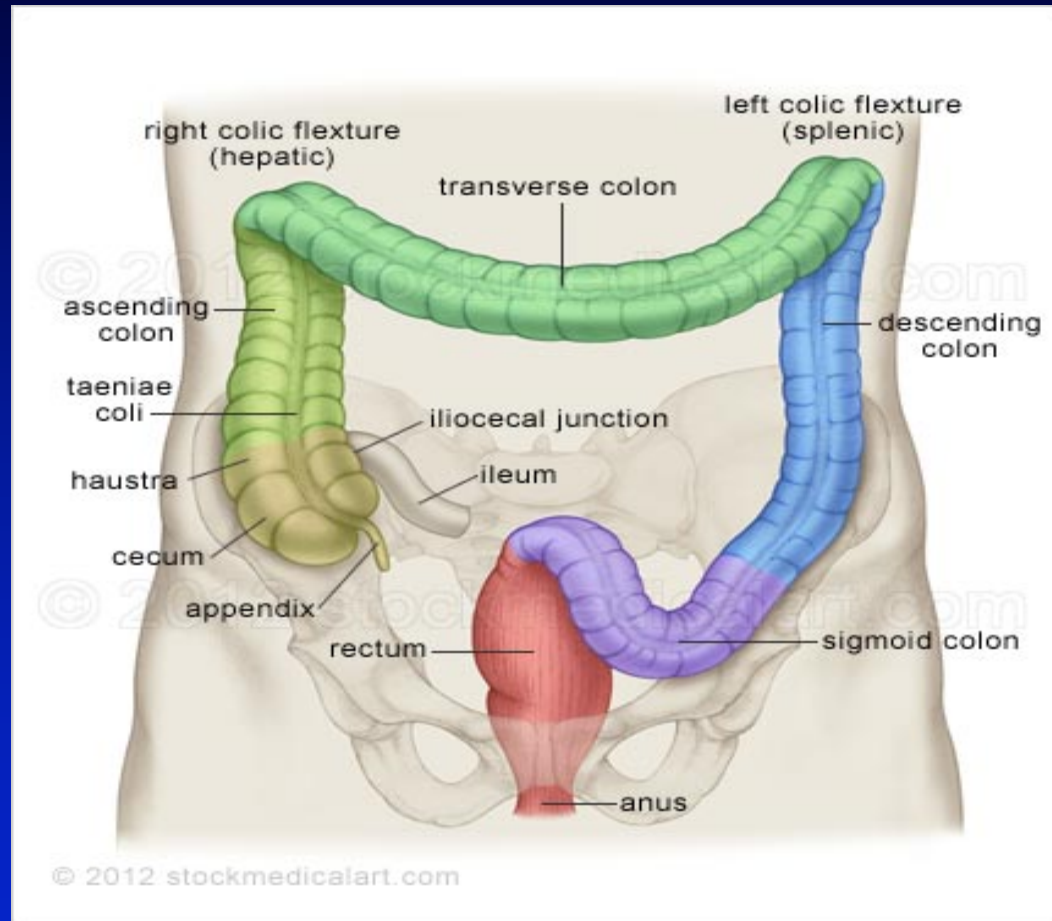
*Shalini Kanneganti MD, FACS, FASCRS*  
*Colon and Rectal Surgery*



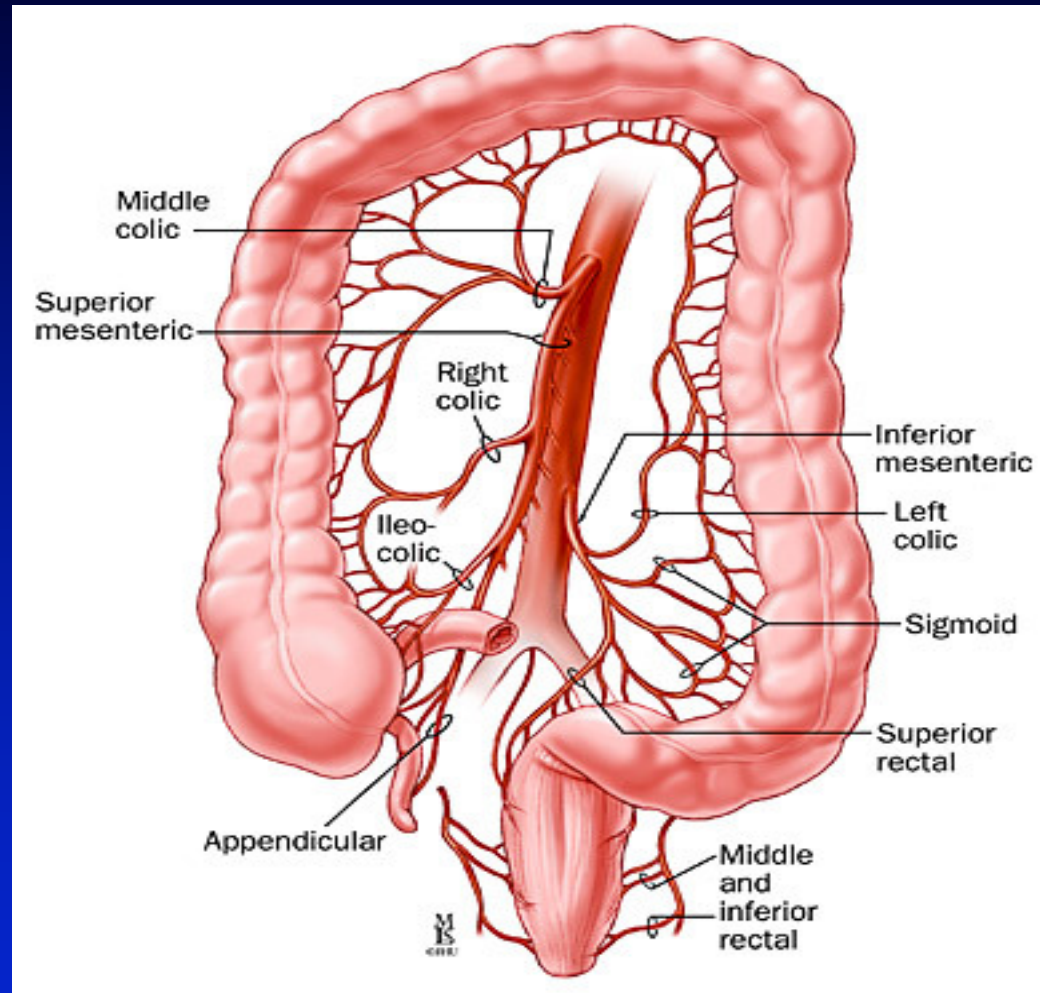
**CHI Franciscan  
Health**

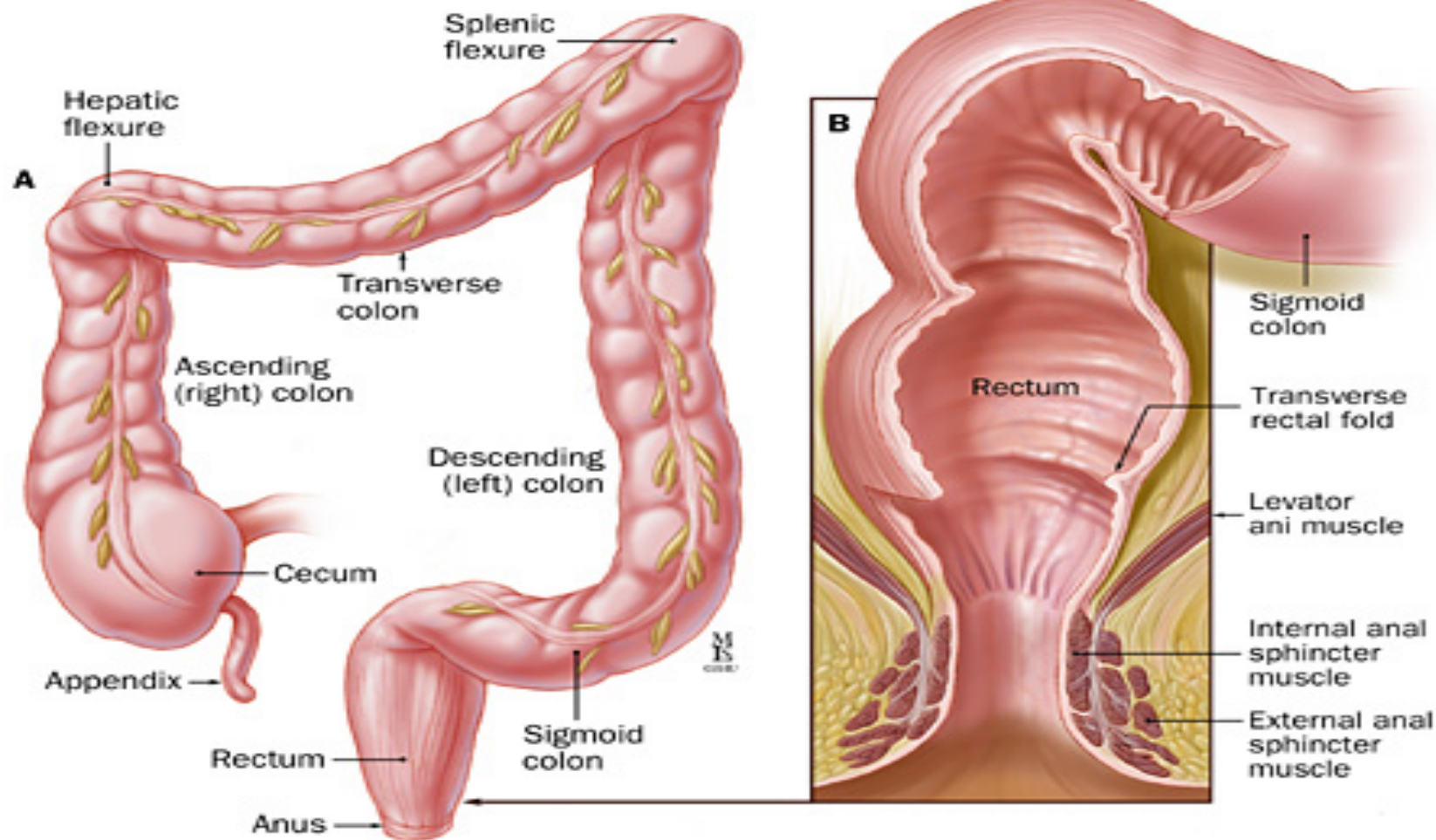
*Our best care. Your best health.<sup>SM</sup>*

# Anatomy



# Blood supply





# Colon cancer

- **SECOND** most common cause of cancer deaths in US
- **107,000** new patient each year
- **50,000** deaths each year
- **5%** develop colon cancer in their lifetime



# Colon Cancer At-A-Glance\*



Colon cancer is the second leading cause of cancer-related death in the U.S.



On average, your risk is about 1 in 20, although this varies widely according to individual risk factors.

50+

90% of new cases occur in people 50 or older.

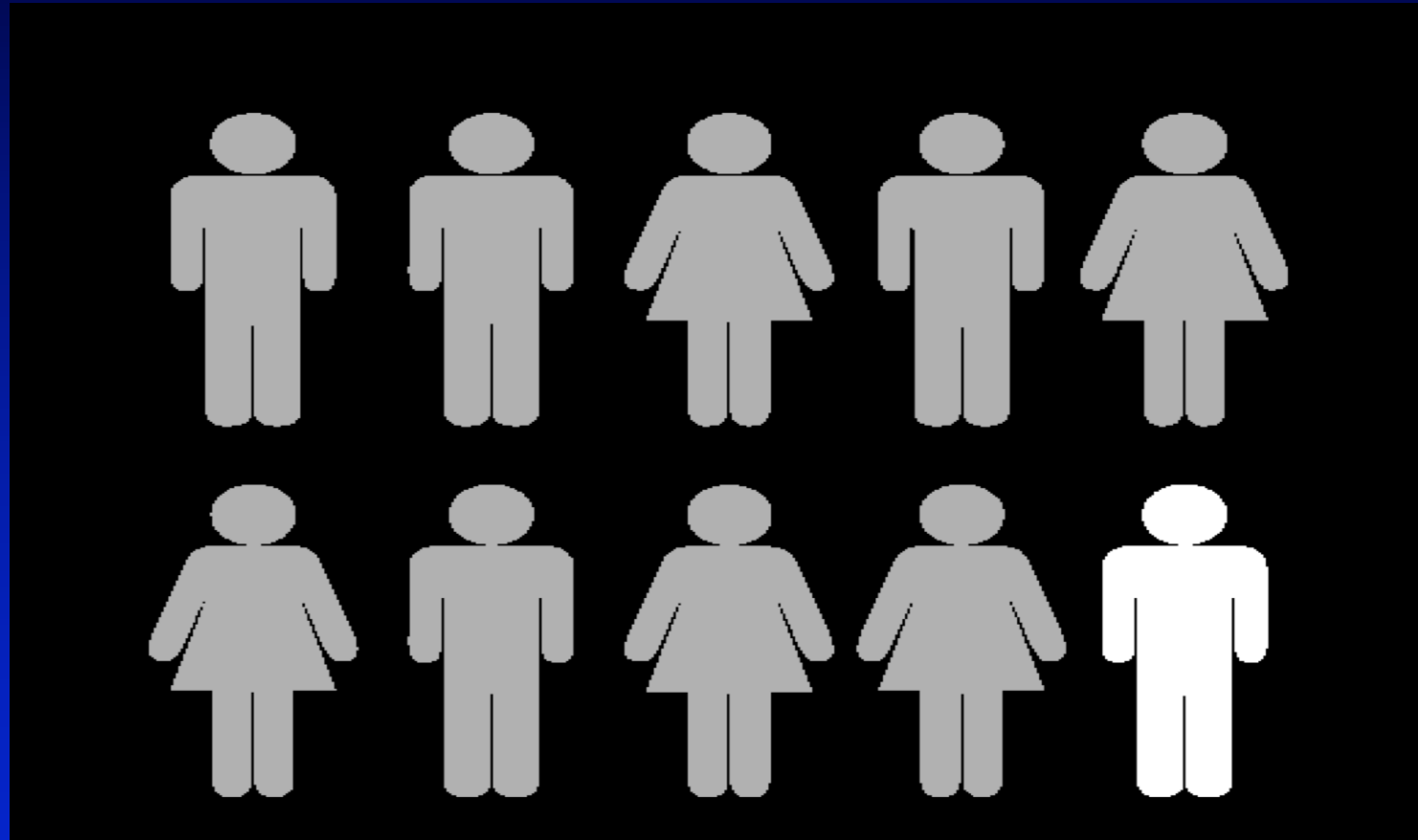


People with a first-degree relative (parent, sibling or offspring) who has colon cancer have two to three times the risk of developing the disease.



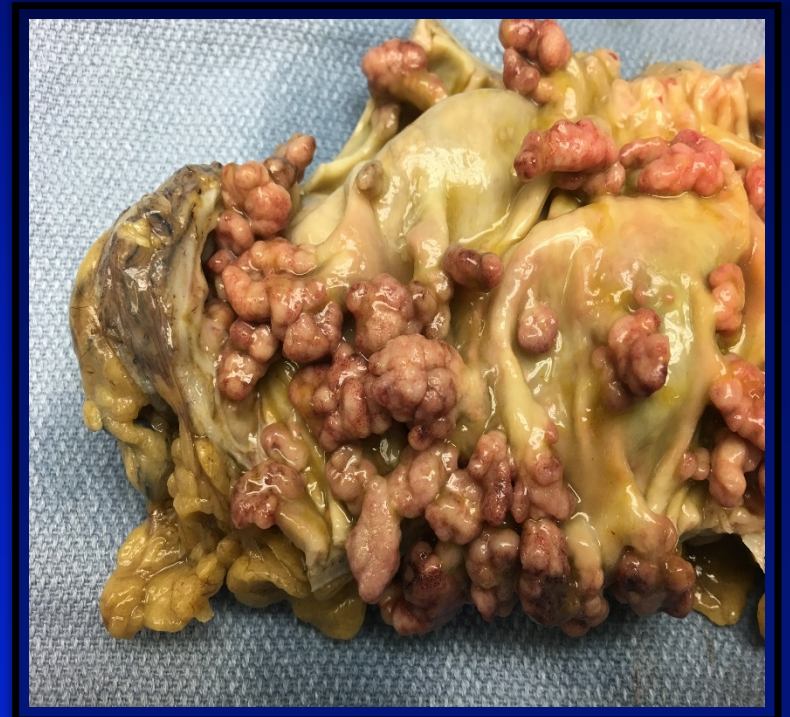
There are currently more than one million colon cancer survivors in the U.S.

# Colon cancer Deaths



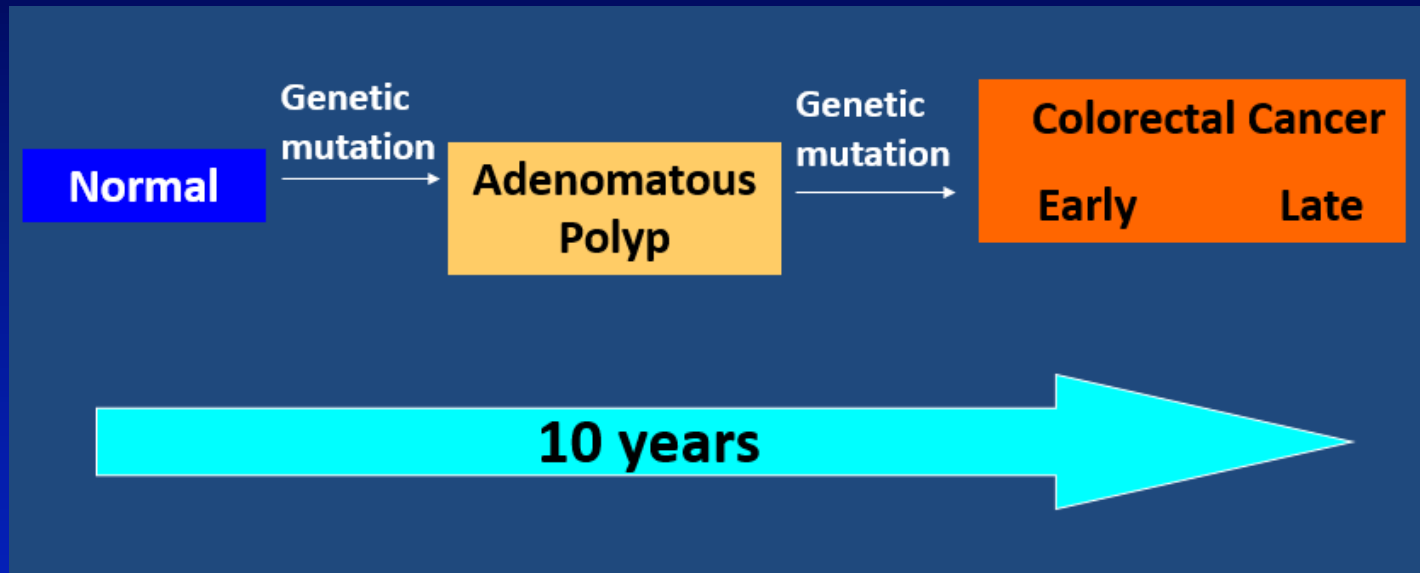
# RISK FACTORS

- AGE > 50
- FAMILY HISTORY
- UC/ CROHNS DISEASE
- DIET
- LIFESTYLE
- SMOKING
- FAP
- HNPCC

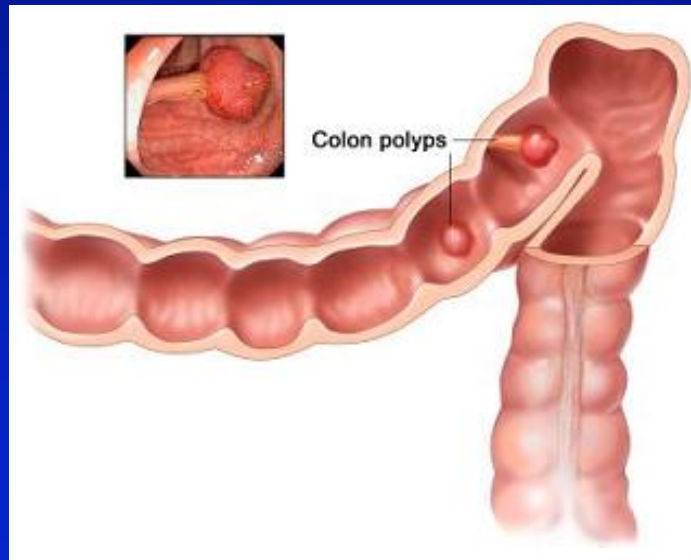




# Pathophysiology



# Colon polyps



# SYMPTOMS

- **Change in bowel habits**
- **Abdominal pain**
- **Rectal bleeding**
- **Weight loss**
- **Weakness/Fatigue**



# Prevention

- Decrease Fat and red meat
- Increase Fiber
- Increase fruits and vegetables
- More research



# Fiber

- Normalizes bowel movements
- Helps Bowel health
- Lowers Cholesterol
- 25gms/day



# COLON CANCER MANAGEMENT

COLONOSCOPY

PATHOLOGY & MOLECULAR BIOLOGY

IMAGING – CT CHEST ABD PELVIS

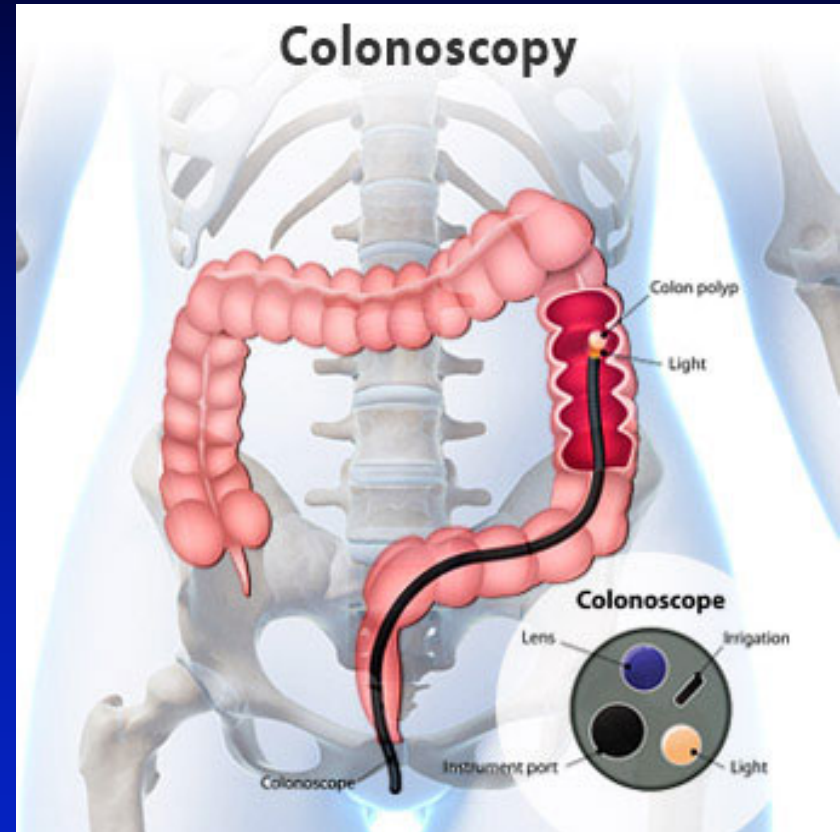
SURGERY

CHEMOTHERAPY



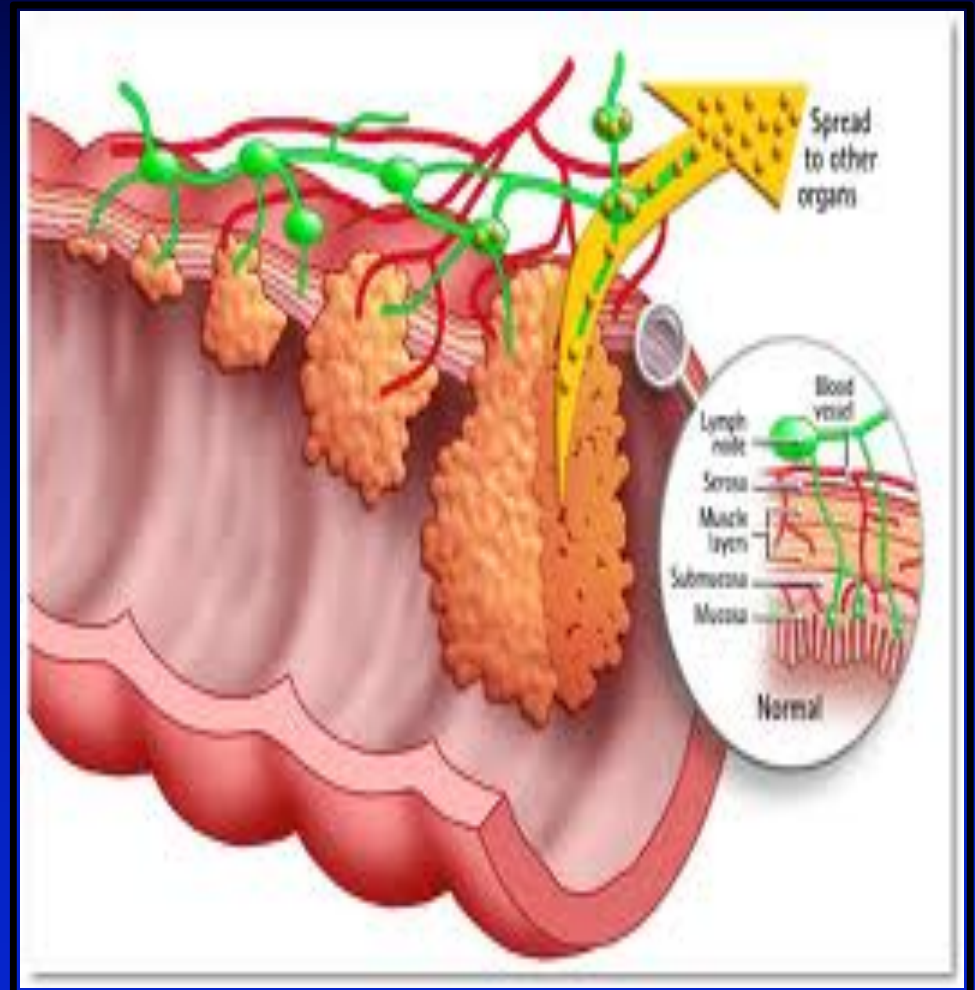
# Colonoscopy

- Safe and effective
- Diagnosis
- Treatment



# STAGING

- STAGE 1 - T1-2
- STAGE 2 - T3-4
- STAGE 3 - Any N
- STAGE 4 - Mets



# CHALLENGES

- I - DIAGNOSIS
- II - STAGING
- III - SURGICAL TECHNIQUE

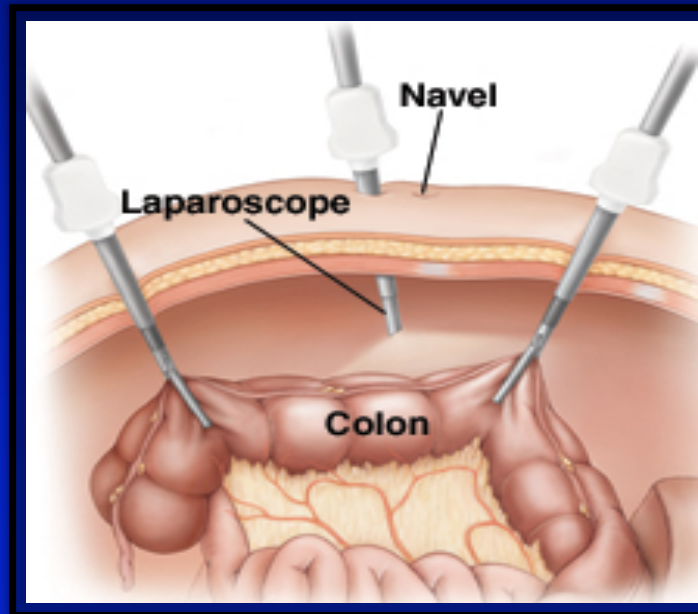


# SURGERY



# RIGHT HEMICOLECTOMY:

## A MINIMALLY INVASIVE & TECHNICALLY PROFICIENT APPROACH



# Benefits

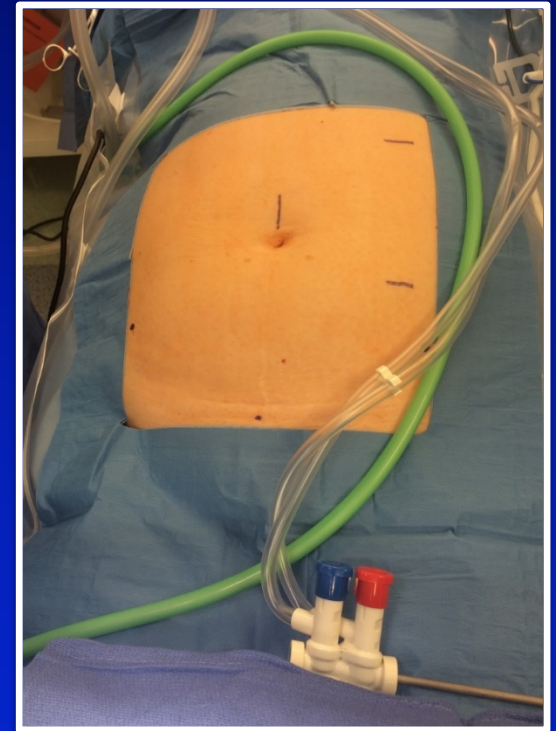
- Shorter hospital stay
- Faster return of bowel function
- Less pain
- Smaller incision



# PROCEDURAL STEPS

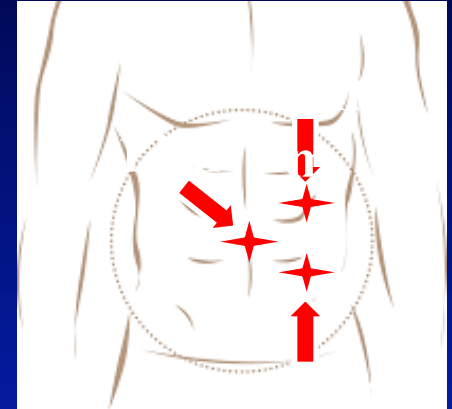
# PREPARATION

- Bowel prep
- Preop nutrition
- Preop abxs



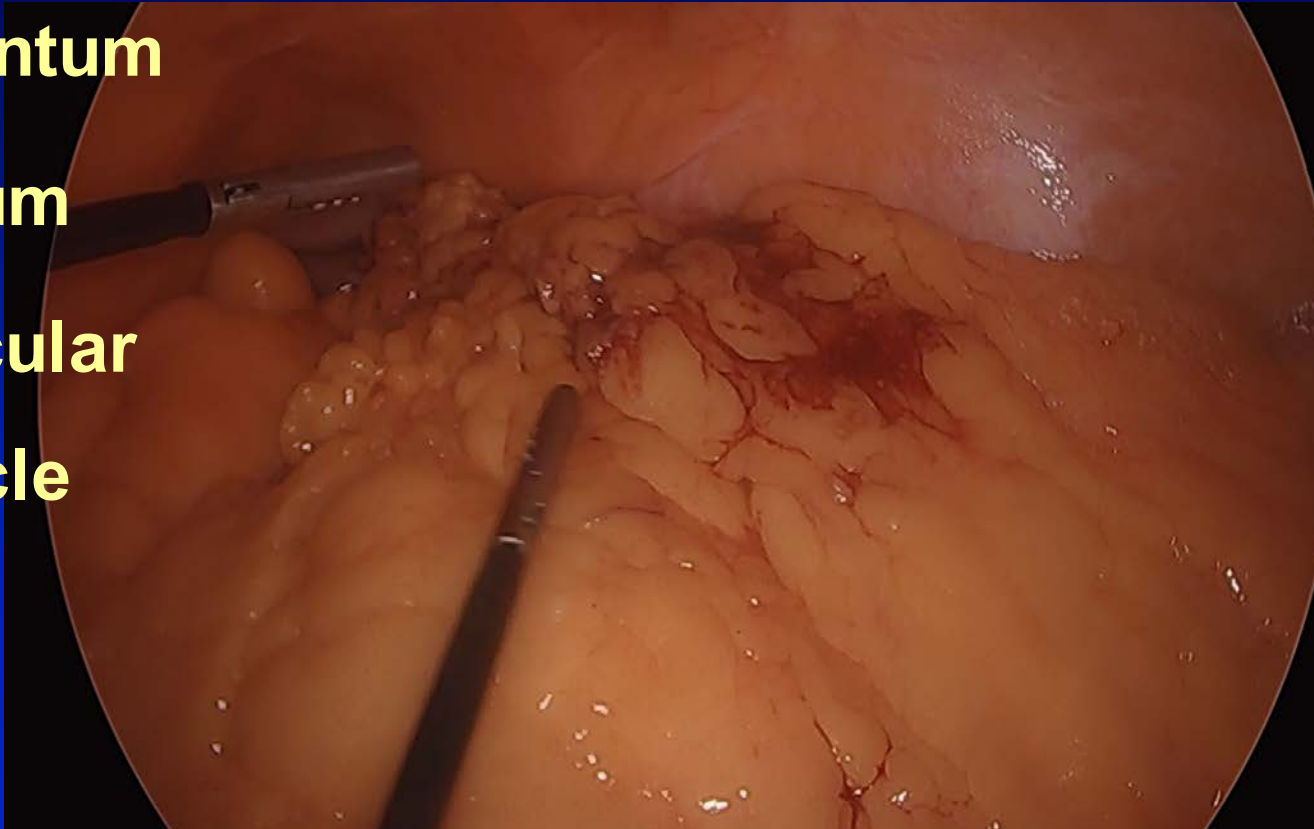
# TROCHAR PLACEMENT

- Open Hasan
  - Supraumbilical
- Triangulate ports

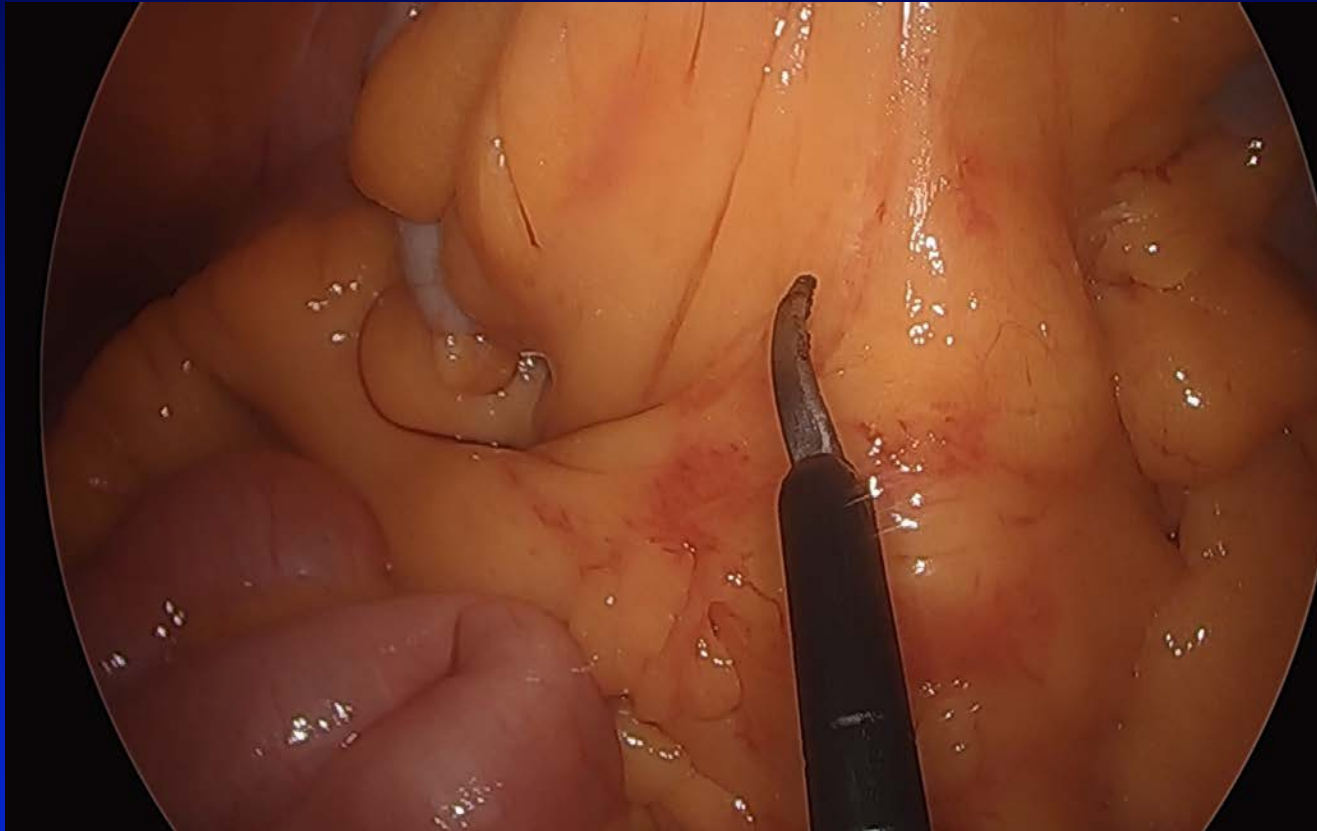


# ILEOCOLIC PEDICLE

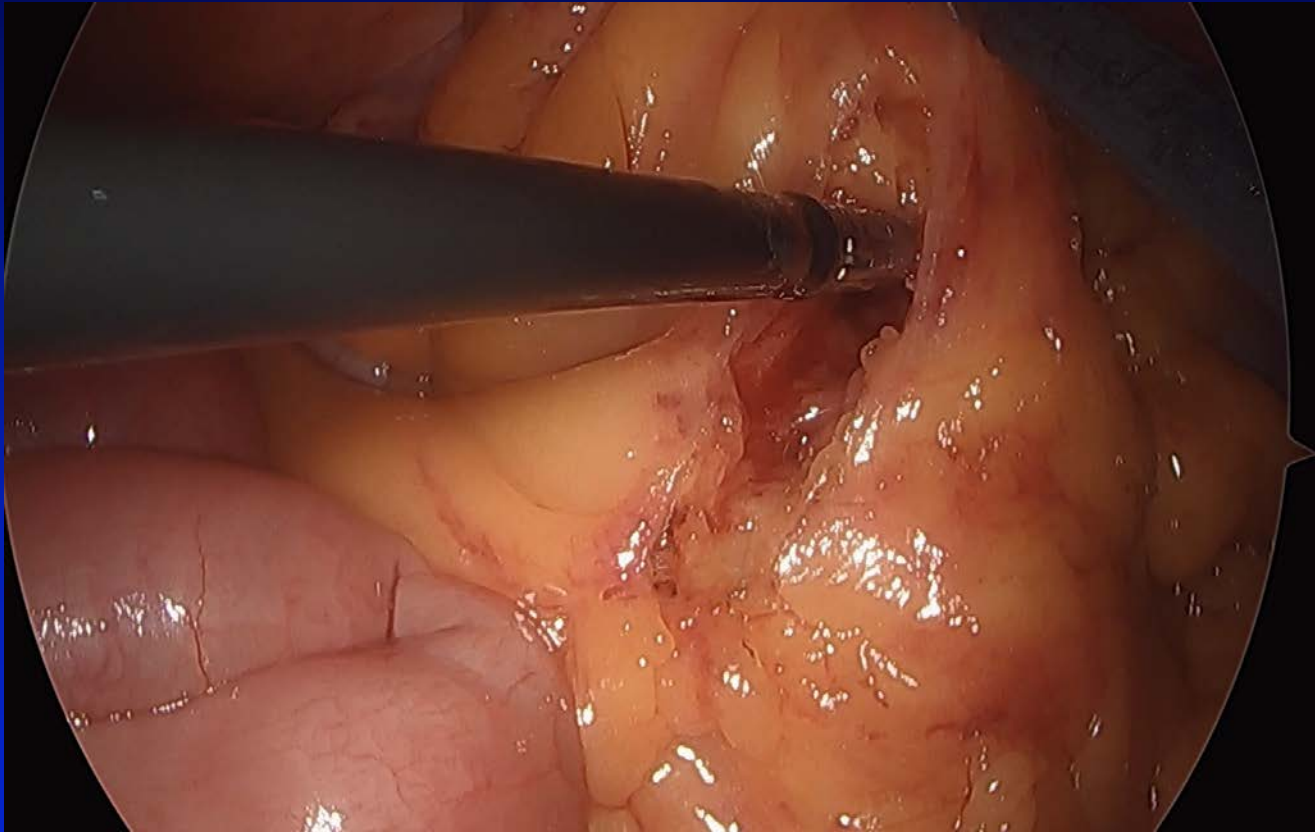
- omentum
- cecum
- vascular  
pedicle



# ILEOCOLIC PEDICLE

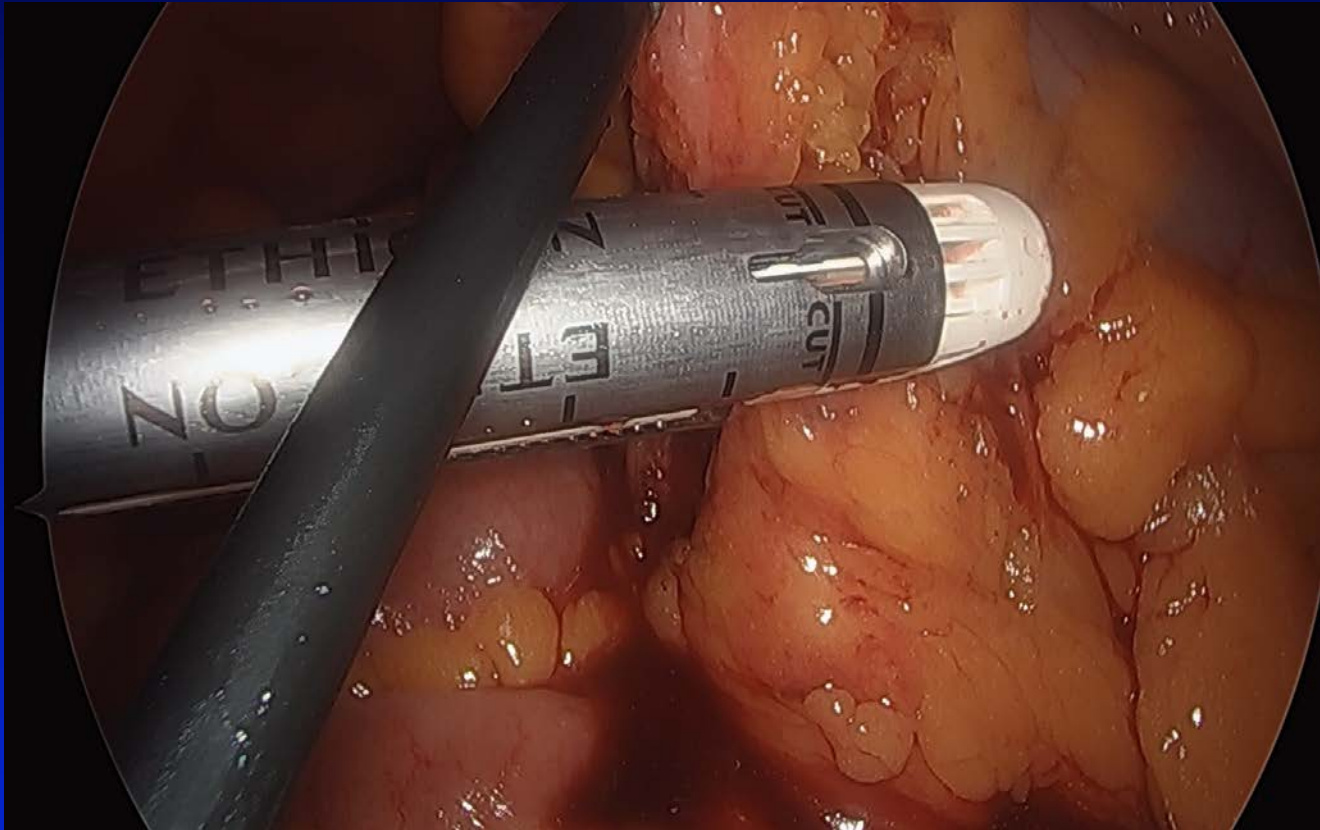


# ILEOCOLIC PEDICLE



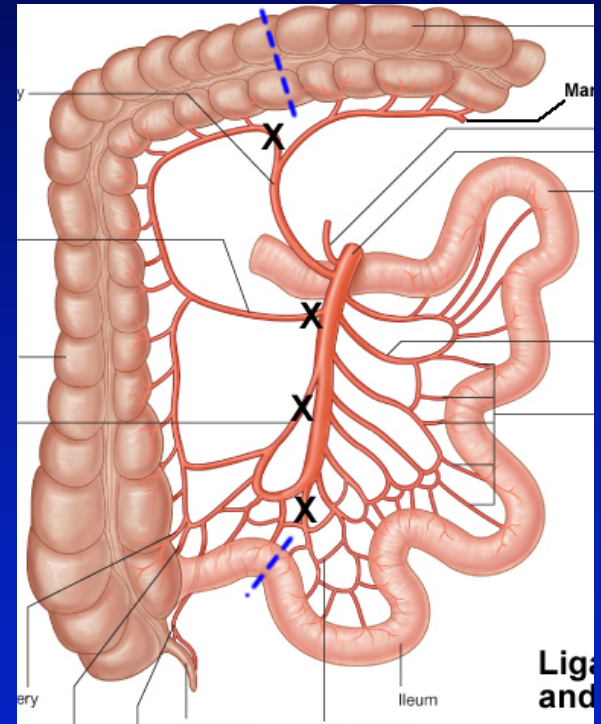


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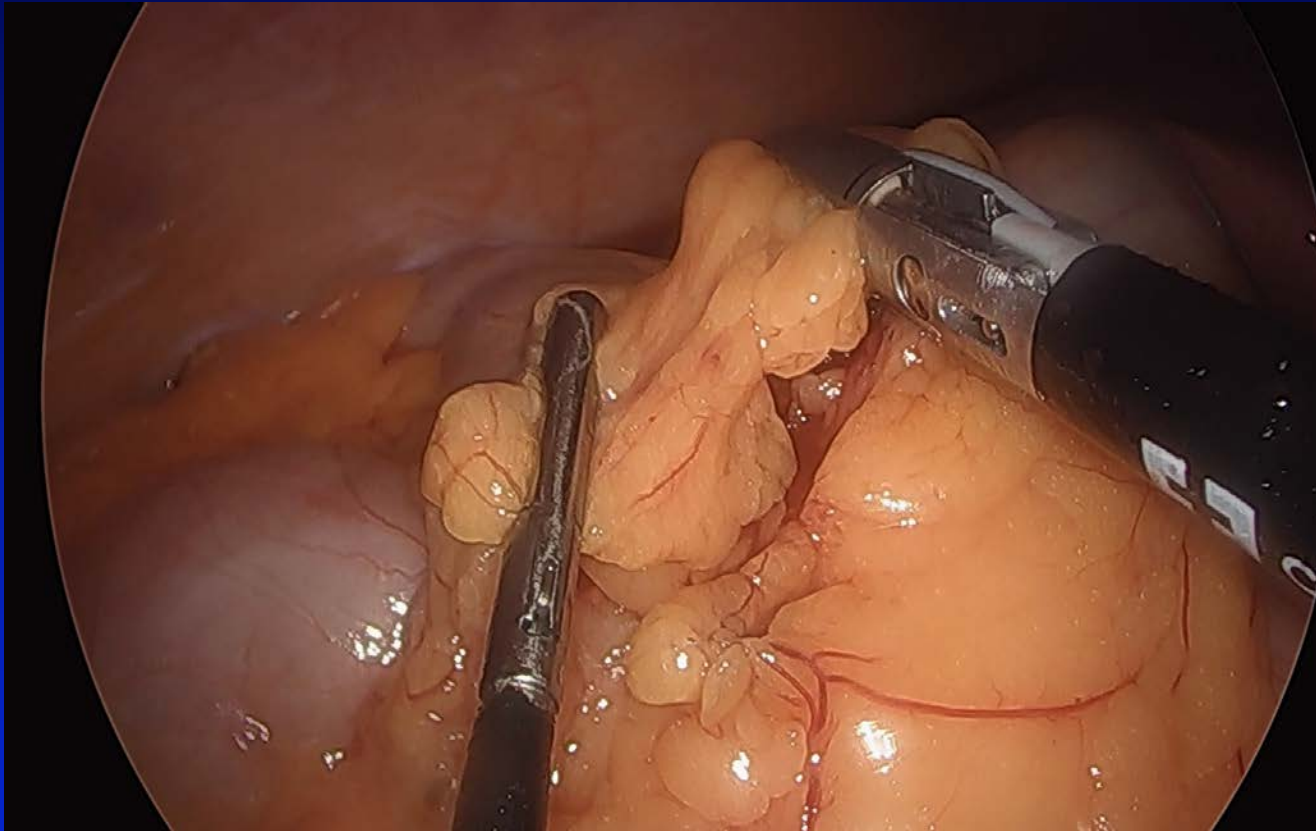


# Mobilize Right colon

- Cecum/Appendix:
- Ascending colon:
- Hepatic flexure:



# Transverse Colon



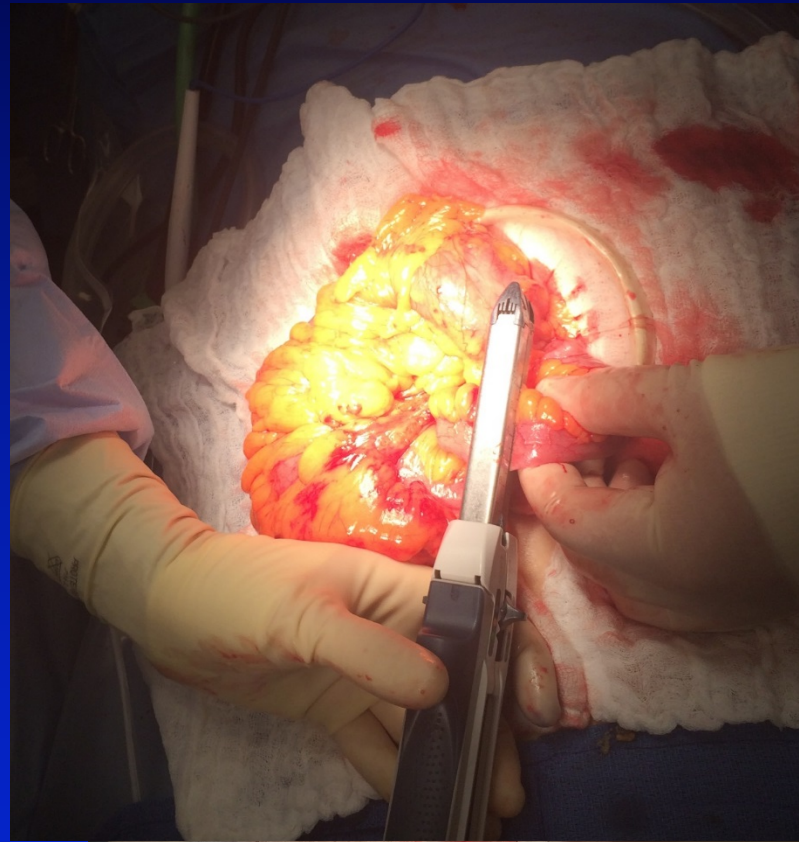
# Adequate Mobility



# EXTRACTION

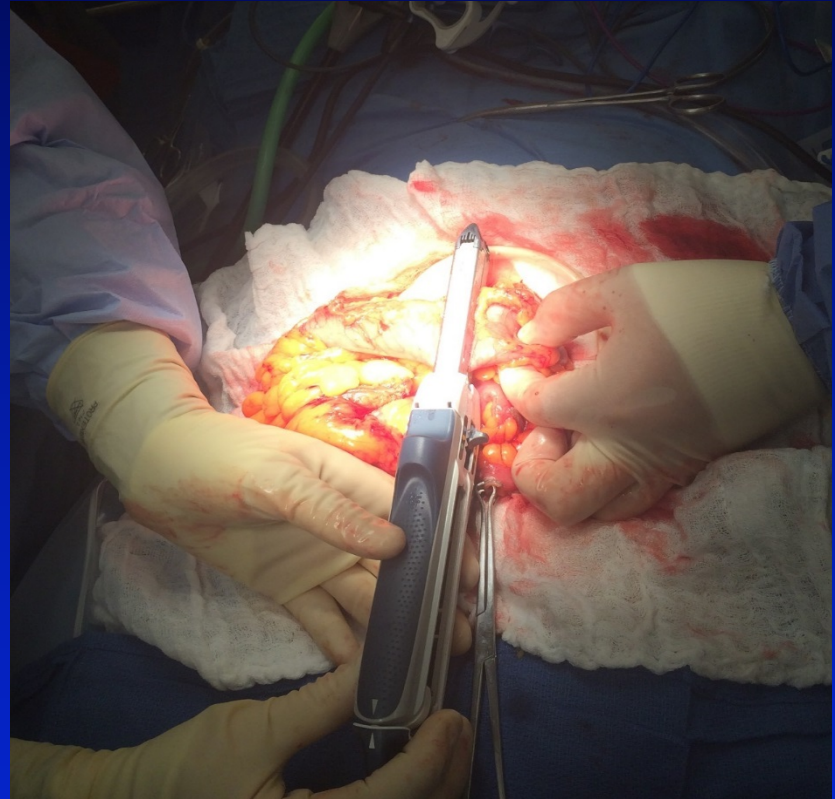


# ILEAL TRANSECTION

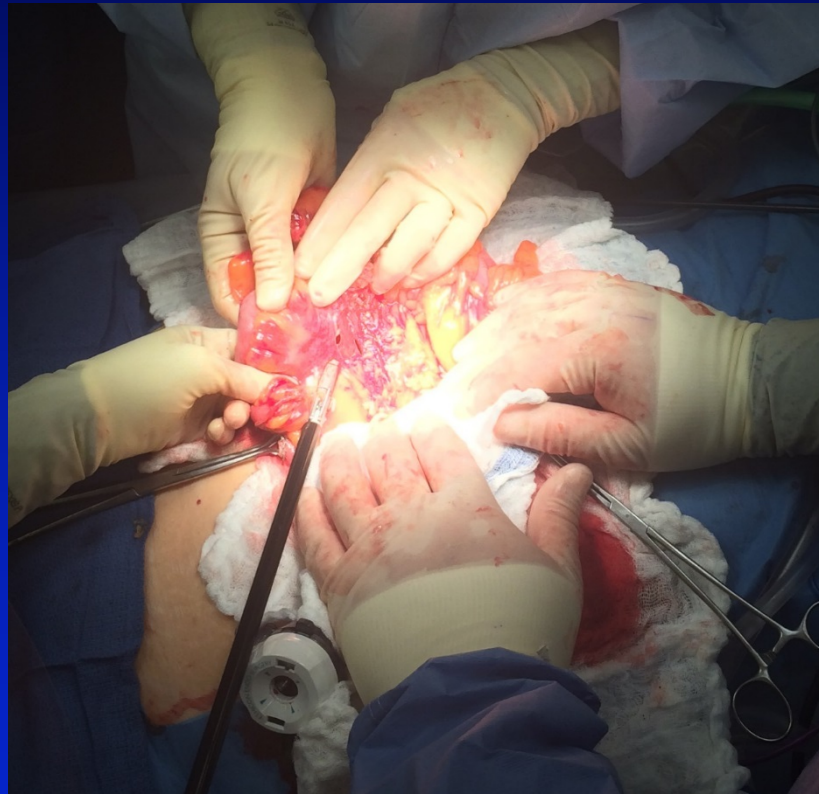




# TRANSVERSE COLON TRANSECTION



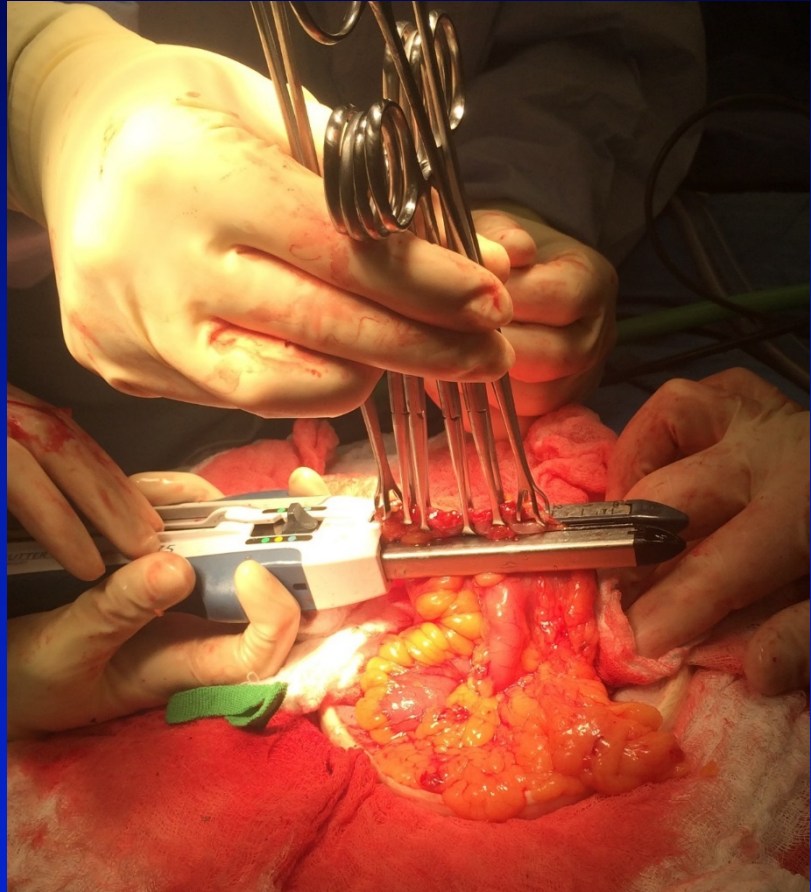
# MESENTERIC LIGATION



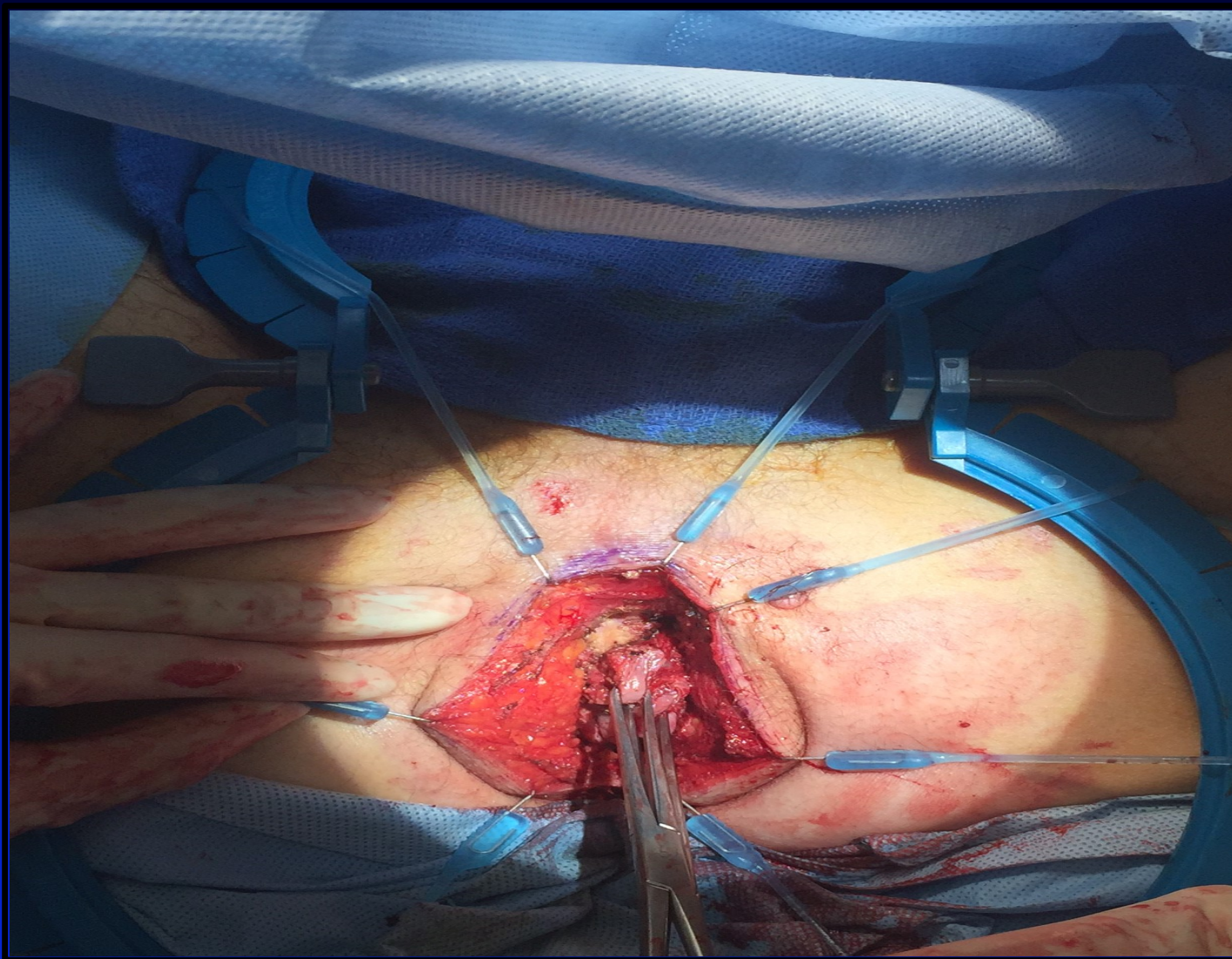
# SPECIMEN

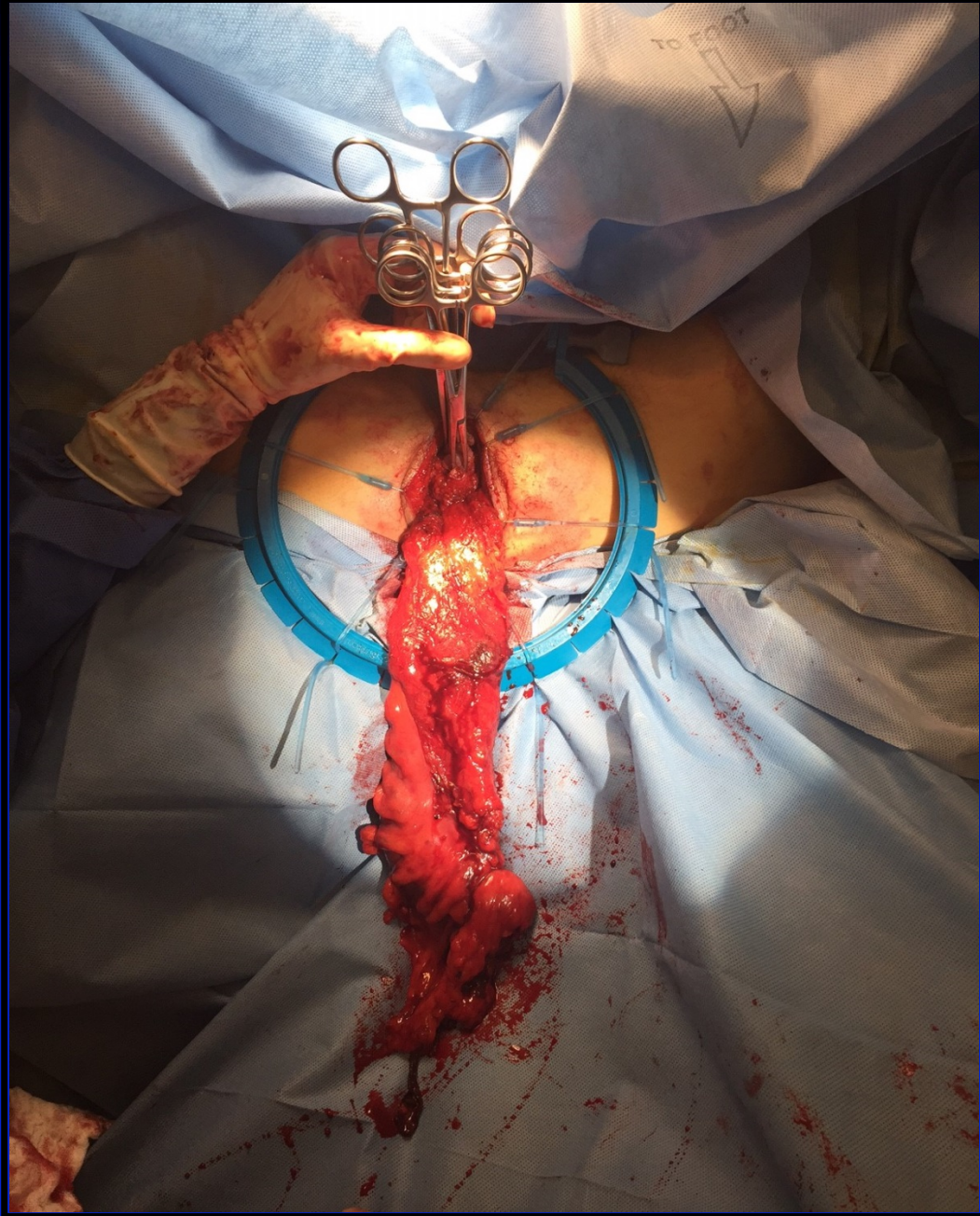


# ILEOCOLIC ANASTOMOSIS





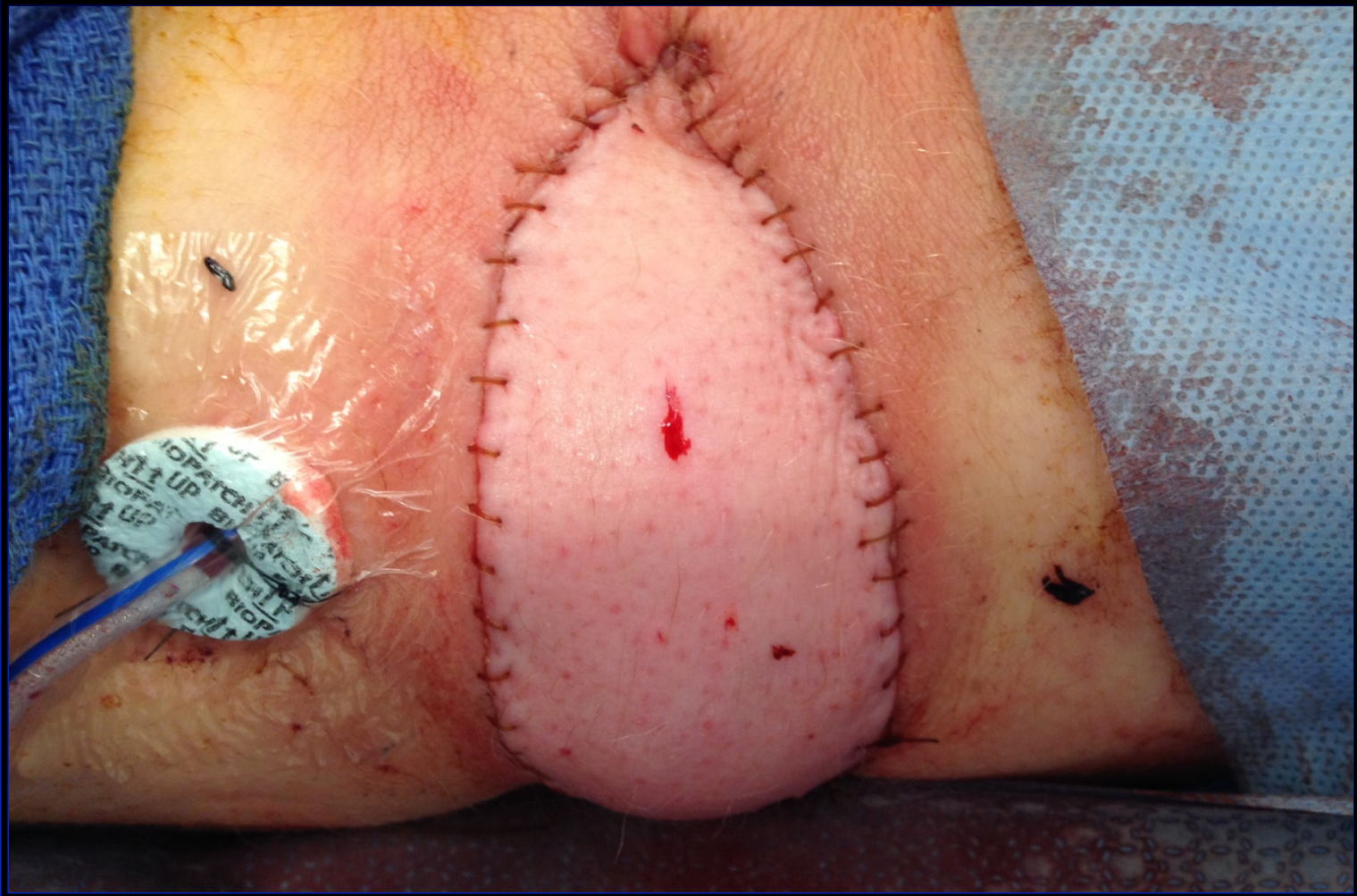








# APR + VRAM FLAP





# ALGORITHM

**CAREFUL ASSESSMENT OF SYMPTOMS**



**EARLY DIGNOSIS**



**ACCURATE STAGING**



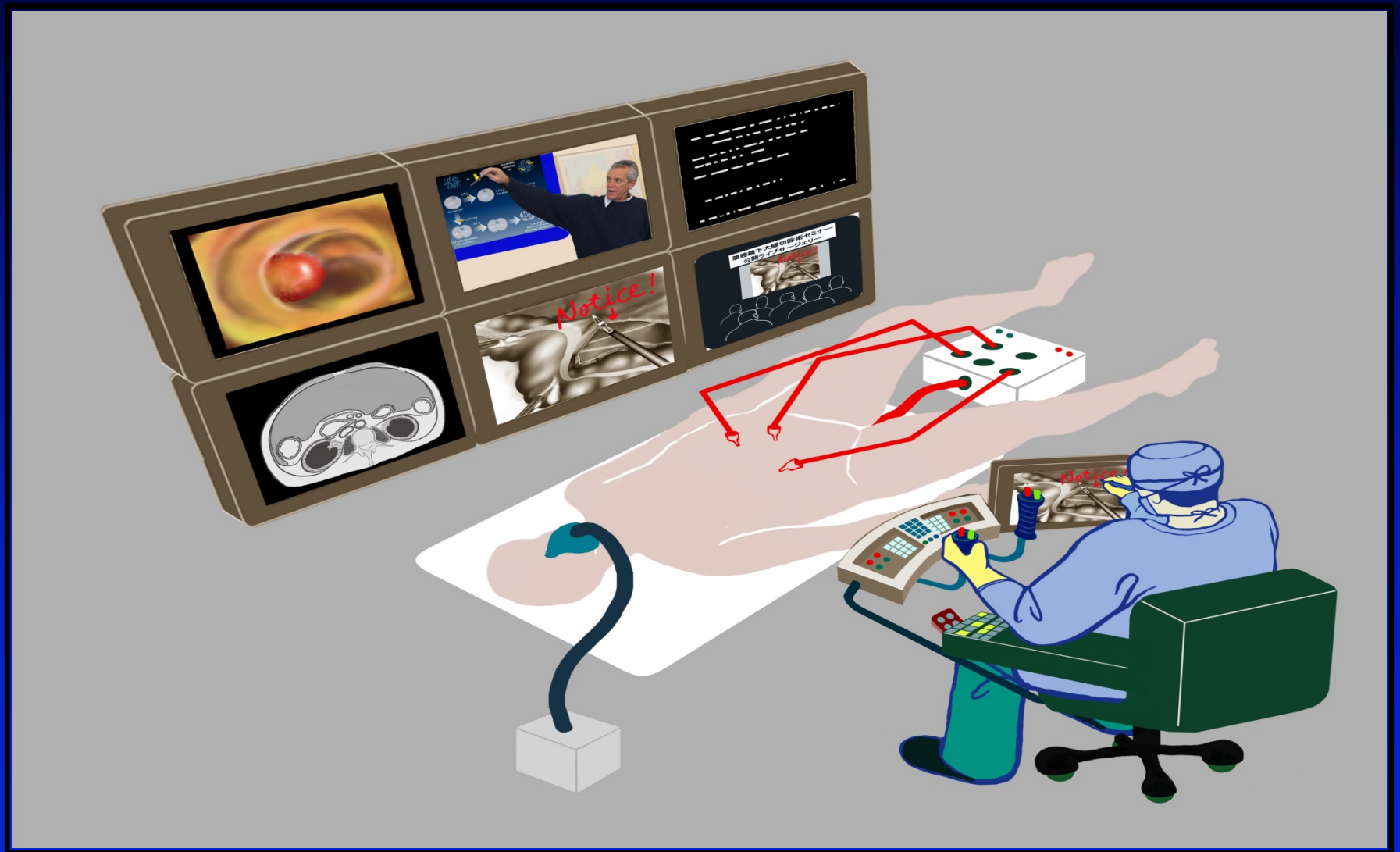
**TREATMENT**

# Local Recurrence

- Circumferential margin
- Distal margin
- Removal of lymph nodes
- YOUR SURGEON



# FUTURE



# Colon and Rectal Cancer Team

- Gastroenterologist
- Medical oncologist
- Colon and rectal surgeon
- Hepatobiliary surgeon
- Thoracic surgeon
- Plastic surgeon
- Radiation oncologist
- GI pathologist
- Interventional and Diagnostic radiologist
- Genetic counselor
- Ostomy nurses
- Nutritionist
- Clinical social worker
- Research nurses and coordinators

# Goal of Cancer Care

**Coordinated**

**Competent**

**Compassionate**



**Thank You**