Surgery of Rectal Cancer

by S. Drobni and F. Incze

Akadémiai Kiadó Budapest

SURGERY OF RECTAL CANCER

by

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and

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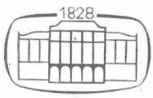

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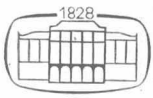

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PREFACE

Surgical therapy of rectal carcinoma has a long history of strongly opposed views which have remained unsettled to the present day. The debates still centre on the problem of sphincter-preservation. While one school firmly holds sphincter-sacrificing radical extirpation to be the only safe therapy for tumours situated above the peritoneal reflection, the other considers the distance of 4 cm from the dentate line as the safety level for sphincter-saving procedures. The young surgeon must find it hard, indeed, to steer a safe course between these clashing views. The present volume has been intended for his benefit. Its authors have attempted to give a comprehensive review of this branch of surgery, particularly of its practical aspects, in the light of current views including their own observations. They have considered it as their mission to challenge the noxious pessimism still adhering to the very notion of this tumour. Though it is true that rectal carcinoma is extremely common and that it involves a multitude of medical and social problems, it is far from belonging to the most malignant tumours. It has, indeed, a fairly high rate of curability if recognized in time. It has been sought to bring this truth home to the student of rectal surgery by a detailed description of the methods for early diagnosis and efficient control.

The book is primarily meant for the surgeon: for the beginner embarking upon the therapy of rectal tumours as well as the experienced rectal surgeon who might find it rewarding to confront his results with those of other workers. It also contains a message to the general practitioner, the gastroenterologist, urologist and gynaecologist whose diagnostic activities may be instrumental in the early detection of rectal carcinoma. It has become almost a truism that radicality of rectal surgery has reached its end point and any further improvement in the survival figures of rectal tumour rests with early detection. This requires, however, the closest co-operation between the general practitioner and the specialist. The survival figures of rectal carcinoma have still a great deal to expect from this approach.

The bulk of the case material presented here, comes from the First Department of Surgery of Budapest University School of Medicine, with the late Professor E. Hedri as its head at that time. Rectal surgery has a long tradition at this institute. It must, however, be remarked, that the statistical figures of a teaching hospital in which the results of its leading surgeon with the widest experience as well as those of his pupils embarking upon new surgical methods equally have a share, never do full justice to the surgical activities of this institute. The survival figures presented on these pages should be interpreted in this light.

The authors have included in the present study their own surgical cases from the First and Fourth Departments of Surgery. Their thanks go to Professor J. Kudász, head of the Fourth Department of Surgery for all his assistance and experienced advice which had enabled them to pursue and even to develop the traditional lines of the First Department of Surgery.

Although the authors took care to be unbiassed, they were none the less bound to present the individual methods in the light of their own observations, without any claim, however, at universal validity.

It is fully realized by the authors that a comprehensive critical review of a subject as extensive as rectal carcinoma would have required the experience of a lifetime. In fact they have merely continued the work begun by Professor E. Hedri and sadly interrupted by his death. Their endeavour to carry on would have been, however, futile without the aid of Professors I. Bugyi and I. Láng, which we gladly acknowledge here. Our thanks are due to the staff of the Publishing House of the Hungarian Academy of Sciences and of the Academy Press for the beautiful presentation of our book.

It is hoped that the book, for all its shortcomings will serve as a useful tool for the therapy of rectal carcinoma.

The Authors

Chapter I

HISTORICAL SKETCH

Surgery for rectal tumours unless we begin its history with the first attempts of Faget in 1739 (which were followed by silence for almost a century) has developed into what it is today in less than one hundred and forty years. If we compare the initial failures of rectal surgery with its present status we cannot but be impressed by its spectacular progress. A few hundred years ago, the diagnosis of rectal carcinoma amounted to a sentence of death. Rectal surgery adequate only to hasten the inevitable outcome, was still in its first beginnings. Today, every second patient is found alive five years after the operation and surgical death has dropped from its initial rate of 80 per cent to less than 10 per cent. The figures derived from specially selected series are even more impressive. For instance, Bacon quotes a surgical mortality in 3 per cent, and a five-year survival in 70 per cent of his cases. The pioneers of rectal surgery deserve all our admiration for having fought their way not backed by the equipment which we now have at our command. Even asepsis or antisepsis were unknown in those days, not to mention transfusions of pooled blood, intratracheal anaesthesia, sterilization of the gut or antibiotic therapy.

The first non-lethal operation for rectal carcinoma was accomplished by Lisfranc in 1826. The procedure described by this ingenious French surgeon seven years later in connection with 9 further operations comprised amputation of the distal portion of the rectum together with the sphincter and suturing the proximal end of the bowel to the skin of the perineum. Lisfranc advocated the operation in case of tumours within reach of the palpating finger and "resistant to other therapy". Six of his 9 patients survived the operation, and he recognized with admirable perspicacity the significance of early diagnosis in the prospects of surgical control of rectal tumours.

The Lisfranc-operation, however, found very few advocates during the following decades because of its virtually inevitable septic complications carrying an 80 per cent surgical mortality. These hazards were inherent in the very technique of the operation requiring the introduction of the operator's finger into the rectum for easier separation of the tumour, thus making contamination of the field of operation with faecal material unavoidable. Apart from this it was fraught with the formidable risk of entering the peritoneal cavity and invading it directly with infective material.

In 1873, Verneuil described a procedure proposed by Amussat some forty years earlier which was a great deal more radical than the Lisfranc-procedure. It combined rectal amputation with resection of the coccyx for better exposure of the