Over the last decade, the field of colon and rectal surgery has evolved a plethora of new surgical minimal invasive techniques to address both benign and malignant diseases.

HD laparoscopy, 3-D laparoscopy, robotic surgery, single-port laparoscopy (SPL), transanal endoscopic surgery (TES), and natural orifice transluminal endoscopic surgery (NOTES) all fall under the ever-growing umbrella of technological advances in colon and rectal surgery. These new developments may have started out in other fields but are a very active aspect of the field of colon and rectal surgery.

Is the new primary surgical goal to achieve the ever more minimally invasive surgery until one day “scarless” surgery is achieved for all patients? The goal might be to provide the surgeon with a multitude of options, an array of tools, to use at his or her disposal as dictated by the complexities of a given patient’s surgical disease and anatomy.

Many textbooks on surgical procedures exist; however, one of the shortcomings of these textbooks is that a procedure is typically not described in all its existing variations and details that many different surgeons utilize. A chapter on a specific surgical procedure is usually only described based on the author’s personal experience and technique and is often biased.

Beginning early in my career, I have created my own scripts and summaries of procedures by learning from different surgeons during my training, learning from discussions with colleagues, reviewing procedural videos, which are available in textbooks, the Internet and conference presentations, and developing my own techniques. This led to the idea of this textbook to include many such described and utilized techniques for a specific colorectal surgical procedure. The authors of all chapters were therefore encouraged to think beyond their typical approach to a surgical procedure, and all chapters were revised and standardized to support this overall goal.

The chapters include a breakdown of the procedures into standard operative steps, which are graded by technical difficulty. This grading can guide novice surgeons, residents, fellows, and their teachers to a stepwise approach to get familiar and master minimal invasive techniques in colon and rectal surgery. I have also included many technical tips, tricks, and caveats throughout the text to help with difficulties the surgeon might encounter.

I wish this textbook will encourage surgeons not familiar with minimal invasive surgery to increasingly offer these approaches to their patients, and I hope the master surgeon will enjoy discovering new facets of the ever-evolving change to surgical procedures in colon and rectal surgery.

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Advanced Techniques in Minimally Invasive and Robotic Colorectal Surgery
Bardakcioglu, O. (Ed.)
2015, XVII, 259 p. 194 illus., 185 illus. in color., Hardcover
ISBN: 978-1-4899-7530-0