



شبكة المعلومات الجامعية

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ





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شبكة المعلومات الجامعية

التوثيق الالكتروني والميكرو فيلم

جامعة عين شمس

التوثيق الالكتروني والميكرو فيلم

قسم

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بالرسالة صفحات
لم ترد بالأصل

بسم الله الرحمن الرحيم
تمت في شهر رجب سنة 1428 هـ
2006

EVALUATION OF DIFFERENT SURGICAL MODALITIES IN TREATMENT OF RECTAL CANCER

*Thesis
Submitted for partial
Fulfillment of M.D. Degree in General Surgery*

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B951

2006

Handwritten signatures and stamps, including a circular official stamp of Tanta University.

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

وَقُلْ لِي عَمَلُوا فَيَسِّرْ لِي أَمْرِي اللَّهُ عَزَّ وَتَعَالَى

وَأَسْأَلُكَ اللَّهُمَّ بِكَرَمِكَ الرَّحْمَنَ الرَّحِيمَ

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

To.....

Mohamed

and

Fatma

Evaluation of different surgical modalities in treatment of rectal cancer

تقييم الطرق الجراحية المختلفة فى علاج سرطان المستقيم

Protocol of thesis

خطة بحث

Submitted for partial fulfillment of M.D.degree in General Surgery

توطئة للحصول على درجة الدكتوراه فى الجراحة العامة
مقدمه من

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Introduction

Colorectal cancer ranks second after cancer lung in male and cancer breast in female in incidence and death rate.(1)

However the death rate from colorectal cancer has begun to decline due to earlier detection and better treatment leading to prolonged duration of survival after treatment.(1)

For many years it was believed that cancer rectum was most appropriately treated by proctectomy and permanent colostomy, but the indications of this procedure is now restricted to tumours within 3cm of the anal verge, tumours involving the anal sphincter or rectovaginal septum, and for patients with poor continence or diarrheal disorders preoperatively.(2)

Since the distal spread of cancer cells had been extensively studied, A 2-cm distal safety margin is considered sufficient and therefore, there is a tendency for sphincter preservation to be carried out after resection for low rectal cancers.(3,4)

A small subset of carefully selected early tumours of the rectum may be managed by local resection, which carry the advantage of avoidance of a colostomy, improved quality of life, and avoidance of morbidity and mortality associated with radical pelvic surgery, particularly urinary and sexual dysfunction.(5)

In recent years attention has been given to precise and diligent dissection outside the visceral fascia which envelops the mesorectum yields a complete resection of all regional cancer, this technique is called (total mesorectal excision) (6,7,8) It entails removal of all rectal mesentery up to the relatively

bloodless plane of the lipoma -like outer surface of the mesorectum by using a sharp dissection technique , allowing a free circumferential resection margin and characterised by a smooth specimen and a denuded pelvic cavity(9,10,11).

Aim of the work

The aim of this work is to evaluate different surgical modalities in treatment of rectal cancer according to the stage and location of the disease.

Patients and Methods

This study will include patients who will present to Gastrointestinal Surgery unit, General Surgical departement, Tanta university hospital during the time of research with rectal cancer .

All patients will be subjected to surgical interference according to the stage of the disease and location of the tumour and to :-

preoperatively:

- .Thorough clinical examination.
- .Routine preoperative investigations.
- .Radiological study.
- .Colonoscopy and biopsy.
- .Carcino-embryonic antigen level (CEA).

Postoperatively:

- Histo-pathological study of the resected specimen.
- Clinical follow up.
- Radiological study.
- Carcino-embryonic antigen level (CEA).

Results

The results will be will be collected and tabulated.

Discussion

The results will be discussed.