



# Total mesorectal excision with or without lateral pelvic lymph node dissection in rectal cancer surgery: meta-analysis of survival and functional outcomes

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## ABSTRACT

**Aims:** To compare outcomes of total mesorectal excision (TME) with or without lateral pelvic lymph node dissection (LPLD) for treatment of rectal cancer.

**Methods:** The electronic data sources were explored to capture all studies comparing TME with and without LPLD in patients undergoing operation for rectal cancer. Random effects modelling was utilised for the analyses. The uncertainties associated with varying follow-up periods among the included studies were resolved by analysis of time-to-event outcomes.

**Results:** Eighteen comparative studies enrolling 6133 patients were eligible. No difference was found between the two groups in terms of overall survival (OS) at maximum follow up (OR:1.02, P=0.86), 5-year overall survival (OR:1.01, P=0.94;HR: 0.92,P=0.36), disease-free survival (DFS) at maximum follow up (OR:1.07,P=0.50), 5-year DFS (OR:1.07,P=0.54; HR:1.25, P=0.23), local recurrence (OR: 1.01, P=0.97), distant recurrence (OR:0.96, P=0.84), and total recurrence (OR:0.97,P=0.82). TME with LPLD resulted in longer operative time (MD: 116.02,P<0.00001) and higher risks of postoperative complications (OR:1.59, P=0.007), urinary dysfunction (OR:6.66, P<0.00001), and sexual dysfunction (OR:9.67, P=0.002). The results remained consistent through separate analyses for randomised trials, observational studies and patients with or without neoadjuvant chemoradiotherapy.

**Conclusions:** LPLD results in higher risks of postoperative morbidity, urinary dysfunction and sexual dysfunction without improving the recurrence and survival outcomes in patients undergoing TME for rectal cancer. An expert consensus statement derived from combination of the nerve-sparing surgical experience from the East and neoadjuvant therapy experience from the West is strongly recommended to advice the best treatment strategy for management of rectal cancer.

## BIOGRAPHY

Nisha Mallya studied her M.B.B.S in Kasturba Medical College, India. She is currently training to be a surgeon. She has worked in Orthopaedics, the Accident and Emergency Department, General Surgery and Intensive Care Unit.

Recently micro finance institutions and SHG-self-help groups have also emerged in different parts of the country providing financial assistance in the form of credit particularly rural credit. Whether the credit is offered by formal financial sector institutions or by the informal Sector the borrowers has the obligation to pay the interest at regular interval and repay the principal amount upon the expiry of the loan term. The loan provided by the lender may be secured or unsecured. Usually unsecured loan carries high rate of interest. The evaluation of borrower by lender is generally based on the standard lending principles character, capacity, and collateral offered by the borrower.



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