ged operative time, an increased conversion rate, higher postoperative morbidity, and, most significantly, suboptimal oncological results.[26] In our case, the selective approach provided a comparatively low rate of operated patients in pT4 colorectal cancer of only 6.5%.

It is essential to perform strict oncologic resections and for pathologists to conduct a meticulous evaluation of specimens.[27]

Conclusion

Laparoscopic surgery, which is becoming a standard treatment for colon and rectal cancer in the USA and Europe, has several benefits over open surgery in terms of short-term outcomes such as decreased pain, improved pulmonary function in the postoperative period, lower rates of postoperative ileus, lower incidence of wound infection, faster recovery, and shorter hospital stay. Further, as shown by the results of several randomized controlled trials, the long-term outcomes after laparoscopic surgery for colorectal cancer are comparable to those after open surgery. An overview of our data has shown excellent short-term perioperative outcomes as well as solid oncological surgical parameters. The long-term outcome of these cases remains to be considered.

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