

Literatur zum Artikel

Neuromonitoring bei Chirurgie des Rektumkarzinoms verhindert postoperative Dysfunktion

1. Heald RJ, Husband EM, Ryall RD (1982) The mesorectum in rectal cancer surgery-the clue to pelvic recurrence? *Br J Surg* 69: 613–616
2. Bregni G, Akin Telli T, Camera S, et al (2020) Grey areas and evidence gaps in the management of rectal cancer as revealed by comparing recommendations from clinical guidelines. *Cancer Treat Rev* 82: 1019–1030
3. Leitlinienprogramm Onkologie (Deutsche Krebsgesellschaft, Deutsche Krebshilfe, AWMF): S3-Leitlinie Kolorektales Karzinom, Langversion 2.1,2019, AWMF Registrierungsnummer: 021/007OL, <http://www.leitlinienprogramm-onkologie.de/leitlinien/kolorektales-karzinom/> [abgerufen am: 13.02.2023]
4. Nocera F, Angehrn F, von Flüe M, et al (2021) Optimising functional outcomes in rectal cancer surgery. *Langenbecks Arch Surg* 406: 233–250
5. Samara AA, Baloyiannis I, Perivoliotis K, et al (2021) Intraoperative neuromonitoring in rectal cancer surgery: a systematic review and meta-analysis. *Int J Colorectal Dis* 36: 1385–1394
6. Kneist W, Ghadimi M, Runkel N, et al (2022) Pelvic intraoperative neuromonitoring prevents dysfunction in patients with rectal cancer: Results from a multicenter, randomized, controlled clinical trial of a NEUROmonitoring System (NEUROS). *Ann Surg* 30. Sept. doi: 10.1097/SLA.0000000000005676 (ahead of print)
7. Hawkins AT, Rothman RL, Geiger TM, et al (2020) Patient-reported outcome measures in colon and rectal surgery: a systematic review and quality assessment. *Dis Colon Rectum* 6: 1156–1167
8. Kneist W (2022) How I do it: pelvines intraoperatives Neuromonitoring. *Coloproctology* 44: 251–257
9. Jayne D, Pigazzi A, Marshall H, et al (2017) Effect of robotic-assisted vs conventional laparoscopic surgery on risk of conversion to open laparotomy among patients undergoing resection for rectal cancer: the ROLARR randomized clinical trial. *JAMA* 318: 1569–1580
10. Kauff DW, Wachter N, Bettzieche R, et al (2016) Electrophysiology-based quality assurance of nerve-sparing in laparoscopic rectal cancer surgery: is it worth the effort? *Surg Endosc* 30: 4525–4532
11. Andersson J, Abis G, Gellerstedt M, et al (2014) Patient-reported genitourinary dysfunction after laparoscopic and open rectal cancer surgery in a randomized trial (COLOR II). *Br J Surg* 101: 1272–1279
12. Lange MM, Martz JE, Ramdeen B, et al (2013) Long-term results of rectal cancer surgery with a systematical operative approach. *Ann Surg Oncol* 20: 1806–1815
13. Grama F, Aslan D, Burcos T, et al (2015) Evaluation of the male sexual and urinary functions after open rectal cancer surgery – a questionnaires based study. *Arch Balk Med Union* 50: 9–17
14. Moszkowicz D, Rougier G, Julie C, et al (2016) Total mesorectal excision for cancer: histological and immunohistochemical evidence of nerve removal and risk-factor analysis. *Colorectal Dis* 18: O367–O375
15. Kneist W, Radner H, Knerr B, Junginger T (2004) Die laterale Dissektion des Mesorektums – ein Risiko für den Plexus hypogastricus inferior. In: Ulrich B, Jauch KW, Bauer H, et al (Hrsg) *Chirurgisches Forum 2004*. Deutsche Gesellschaft für Chirurgie, vol 33. Springer, Heidelberg
16. Kneist W (2017) Pelvic autonomic nerve preservation during total mesorectal excision (TME). In: Korenkov M, et al (Hrsg) *Gastrointestinal operations and technical variations*. Springer, Heidelberg
17. Schuler R, Goos M, Langer A, et al (2022) A new method of intraoperative pelvic neuromonitoring: a preclinical feasibility study in a porcine model. *Sci Rep* 12: 3696