duration of phase I and phase III between group A and B. However, dura-
tion of phase II (spleenic flexure mobilization) was significantly shorter in
group A (24.9 min and 56.6 min, p < 0.01).

Conclusions: Spleenic flexure mobilization by minimally invasive sur-
gery is difficult procedure. However, robotic 'inferior penetration method'
by a three-dimensional view and long and wristed instruments is a safe and
useful procedure that may facilitate spleenic flexure mobilization.

No conflict of interest.

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463. Robotic-assisted extralevator abdominoperineal resection in
prostate jackknife position

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Background: The extralevator abdominoperineal resection (ELAPR)
is a new surgical technique for patients with low advanced rectal cancer.
This technique requires an extra excision of the levator muscles to avoid
the surgical waist caused by the conventional abdominoperineal resec-
tion, with the patient’s position changed to a prone jackknife position.
This new technique is remarkable not only by its radicality but also by
the possibility of simultaneous perineal reconstruction, with encouraging
oncological results. It is well known that laparoscopic surgery (LS)
has revolutionized rectal surgery. However, there are several techni-
cal drawbacks to LS, including limited range of motion of instruments and
an inadequate visual field associated with unstable camera view and assis-
tant’s traction, which are not under the surgeon’s control. Technical
advantages of the robotic system could overcome the limitations of LS
for low rectal cancer.

The aim of this study is to clarify the feasibility and the short term out-
comes of robotic-assisted ELAPR for primary rectal cancer.

Material and methods: From July 2013 to February 2014, five pa-
tients with rectal adenocarcinoma within 3 cm of the anal verge underwent
robotic-assisted ELAPR in prone jackknife position for levator muscle
transection. All patients had clinical stage T3N0M0 after neoadjuvant
chemoradiotherapy.

Results: The procedure was successfully completed in all 5 patients
without any intraoperative complications, robot-associated morbidity, or
conversion to the open approach. All specimens had a cylindrical shape
with levator muscles attached to the mesorectum with an intact mesorectal
envelope and negative circumferential margin. Mean distal margin was 23
(10–35) mm and mean circumferential margin was 6 (1–10) mm. The
mean operative time was 426 minutes and length of hospital stay was
4.2 days. In four patients, pelvic reconstruction was performed using a
prosthetic mesh.

Conclusions: Robotic-assisted ELAPR combines the minimally inva-
sive technique with the best oncological approach provided by the associ-
ation of robotics and the extralevator abdominoperineal resection. It
enables to achieve a cylindrical specimen, with acceptable perioperative
and pathological outcomes. Further studies are essential to objectively
define the safety, efficacy, and long-term results of this new technique.

No conflict of interest.

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Poster Session: Sentinel Node Biopsy

464. SLNB with Tc-99m at clinic for surgical oncology NCRC of
Serbia in year 2013

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Background: Technetium-99m (Tc-99m) is metastable nuclear isomer
which is used in great number of medical diagnostic procedures and rep-
resents the most used radioisotope in human medicine. We use it to
mark and trace radioactivity in human body by GAMMA probe. Because
of his short half-life it allows us to collect precise data whilst patient’s
body irradiation is minimal. Tc-99m is user friendly only in diagnostics,
not for therapeutic use. We applied Tc-99m colloidal rhenium sulphide in-
jection (Nanocolloid) for dynamic lymphoscintigraphy as well as handheld
probe for sentinel lymph node (SLN) detection. Once being detected by
GAMMA probe, ‘hot’ SLN is removed and sent to frozen section analysis.

Aim is to present our experience in usage of Tc-99m (Nanocolloid) for
localization of ‘hot’ SLNs.

Materials & method: During year 2013, Tc-99m (Nanocolloid) was
applied in 46 patients — 35 female and 11 male. Localizations were: breast
25 pts. (76%), axillae 11 pts. (33%), groins 8 pts. (17.3%) and neck 2 pts.
(4.3%). Written consent and multidisciplinary team decision is mandatory, as
well as supervision by nuclear medicine specialist. Hour before operation sur-
geon injects 0.2 – 0.5 ml of radioocolloid into dermis or epidermis of ade-
quise localization. Usage of protection equipment and containers is mandatory.

Results: Breast pathology — 25 pts. with average readings of
GAMMA probe of 4500 units. After tissue removal and frozen section,
repeated readings were zero with clear surgical margins. Twenty find-
ings were negative and five were positive: 2 DCIS, 2 CLI and one
IDC. SLNs were negative in 22 pts. while two pts. had positive SLNs and
one was diagnosed with micrometastases in SLNs. Axillary pathol-
ology — 11 pts. Average readings were 2900 units. ‘Hot’ SLNs were sent
to frozen section-7 detected SLNs were negative and 4 were positive
(melanoma). After positive reports, we performed axillary dissection.

Groin pathology — 8 pts. Average readings were 300 units. Eight
SLNs were removed and sent to frozen section — 5 were negative, 2
positive (one for melanoma and one for genital carcinoma) and 1 sent
to standard pathology. Also, after positive report we performed groin
dissection. Head and neck pathology — two patients with two negative
SLN findings.

Conclusions: Usage of Tc-99m (Nanocolloid) is medically justified
because removing positive SLNs helps us to achieve both oncological
and aesthetical goal. Combined treatment with methylene blue dye in so
called ‘double mapping’ technique, results with extraordinary high level
of sensitivity.

No conflict of interest.

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465. The role of single-photon emission computed tomography in
sentinel lymph node biopsy, denying taking too many lymph nodes a
lot

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Background: Sentinel lymph node biopsy (SLNB) is a standard treat-
mnt in women with clinically node-negative breast cancer. SLNB may
reduce some adverse events such as lymphedema, but the ideal number
of sentinel lymph nodes (SLN) is uncertain. Even though SLNB is per-
formed, some patients still suffer from lymphedema. This implies that
we may need to resect more lymph nodes than that are typically suggested.
Some studies have claimed that single-photon emission computed tomog-
raphy (SPECT) may be able to three-dimensionally detect SLNs. The pre-
sent study was undertaken to investigate the role of SPECT in optimizing
lymphadenectomy in SLNB.

Material and methods: Between January 2012 and March 2014, 630
adult women patients underwent breast cancer surgeries performed by the