

## RECTAL CANCER SURGERY CHECKLIST (RECTAL CANCER SYNOPTIC OPERATIVE REPORT TEMPLATE)

### INSTRUCTIONS

#### Summary Report

- Consists of 21 essential data elements followed by your narrative report.
- Dictate all the items on the list.
- If an item is not applicable, please dictate "not applicable".
- Specify the element number, name and response (eg. 6. Procedure: Total Proctocolectomy).

### SAMPLE OPERATIVE REPORT

#### 1) Clinical Preamble

Patient is a 55 year old male who presented with rectal bleeding. He has a long tumour extending from 7.5-11cm from the anal verge. He received long course radiation and presents today for surgical management of his rectal cancer.

#### 2) Summary Report

1. **Preoperative Radiotherapy:** Long Course (5 weeks)
2. **Preoperative Imaging:** ERUS, CT abdomen/pelvis and CXR
3. **Preoperative Stage:** T3 N1 MX
4. **Multidisciplinary Cancer Conference Review:** Yes
5. **Operative Urgency:** Elective
6. **Intent of Surgery:** Curative
7. **Procedure:** Total Mesorectal Excision (TME) with Colo-Anal anastomosis
8. **Technique:** Open
9. **Diverting ostomy:** Yes, ileostomy
10. **Height of tumour:** From anal verge on sigmoidoscopy was 7.5 cm preoperatively
11. **Height of anastomosis:** From anal verge suspected to be 3-4 cm, not examined using sigmoidoscopy
12. **Anastomosis:** Stapled
13. **Reconstruction:** Side-to-end anastomosis
14. **Splenic flexure mobilization:** No
15. **Air Leak Test:** No leak
16. **Multivisceral Resection:** No
17. **Intra-abdominal Adhesions:** None
18. **Surgical Specimen:** Grade 3
19. **Residual Cancer:** None
20. **Blood Transfusion:** No
21. **Unplanned Events:** None

#### 3) Narrative Report

Dictate your narrative operative report with any additional details.

## 1) CLINICAL PREAMBLE

Dictate as appropriate

## 2) SUMMARY REPORT

### *Preoperative Details*

#### 1. Preoperative Radiotherapy

- None
- Short Course (5 days)
- Long Course (5 weeks)
- Other (specify)
- Unknown

#### 2. Preoperative Imaging (include all that apply)

- None
- MRI
- ERUS
- CT Abdomen/Pelvis
- CXR
- Unknown

#### 3. Preoperative Stage (TNM)

Specify T (x, 0, 1-4)  
Specify N (x, 0, 1-3)  
Specify M (x, 0, 1)

#### 4. Multidisciplinary Cancer Conference Review

- Yes
- No

#### 5. Operative Urgency (include all that apply)

- Elective
- Emergent – Obstruction
- Emergent – Bleeding
- Emergent – Perforation

### *Operative Details*

#### 6. Intent of Surgery

- Curative
- Palliative

#### 7. Procedure

- Subtotal Mesorectal Excision (sTME) with Colo-Rectal Anastomosis
- Total Mesorectal Excision (TME) with Colo-Anal Anastomosis
- Hartman Procedure with TME and Stapled Anorectal Junction
- Hartman Procedure with (sTME) and Stapled Rectum
- Abdominoperineal Resection with Permanent Colostomy
- Total Proctocolectomy
- Diverting Loop Colostomy (no resection)
- Diverting Loop Ileostomy (no resection)

#### 8. Technique

- Laparoscopic (no abdominal incision)
- Laparoscopic Assisted
- Laparoscopy Converted to Open
- Open

#### 9. Diverting Ostomy

- Yes, ileostomy
- Yes, colostomy
- No

#### 10. Height of Tumour

Cm. from anal verge on rigid or flex sig

#### 11. Height of Anastomosis

Cm. from anal verge on rigid sig in OR

#### 12. Anastomosis

- None
- Stapled
- Handsewn

#### 13. Reconstruction

- None
- Straight Anastomosis
- Side-to-End Anastomosis
- Colonic J Pouch
- Transverse Coloplasty
- Ileal Pouch Anal Anastomosis
- Other (specify)

#### 14. Splenic Flexure Mobilization

- Yes
- No

#### 15. Air Leak Test

- No Leak
- Leak Repaired
- Leak Diverted
- Not done

#### 16. Multivisceral Resection (include all that apply)

- No
- Bladder
- Ovary, specify (L, R, bilateral)
- Fallopian Tubes, specify (L, R, bilateral)
- Uterus
- Ureter, specify (L, R, bilat)
- Seminal Vesicles, specify (L, R, bilateral)
- Vagina
- Prostate
- Other (specify)

#### 17. Intra-abdominal Adhesions

- None
- Few
- Many/Dense

#### 18. Surgical Specimen

- Not Applicable
- Grade 1 (Poor, incomplete excision of mesorectum, deep clefts in mesorectal fascia that expose rectal muscularis)
- Grade 2 (Fair, complete excision of mesorectum, superficial defects in mesorectal fascia that do not expose rectal muscularis)
- Grade 3 (Good, complete excision of mesorectum, mesorectal fascia intact, no defects)

#### 19. Residual Cancer (include all that apply)

- None
- Local/Regional (unable to clear rectal disease, grossly positive margin)
- Metastatic (obvious distant disease at time of surgery)

#### 20. Blood Transfusion

- Yes, specify units of packed red blood cells (PRBC)
- No

#### 21. Unplanned Events

- None
- Describe (if occurred)

## 3) NARRATIVE REPORT

Dictate your narrative operative report with any additional details.