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In Sweden, more than 2,200 individuals are diagnosed with rectal cancer each year, and surgical resection is the cornerstone of rectal cancer treatment. Abdominal resection surgery for rectal cancer was first introduced in the late 19th century, and was performed by open technique, including large midline surgical incisions, for more than a century. Minimally invasive surgery (MIS) was introduced for abdominal rectal cancer resection three decades ago and has since gained general acceptance. In 2022, approximately four-fifths of all abdominal rectal cancer resections were performed by MIS in Sweden.

Proven advantages of MIS in the short term include less intraoperative bleeding, less postoperative pain, faster postoperative mobilization, and shorter hospital stay. Large randomized studies have also shown that MIS is not inferior to OPEN with regard to the oncological short-term or long-term outcome.

The aim of this thesis was to increase the knowledge of minimally invasive surgery in a Swedish perspective regarding long-term oncological outcome, socioeconomic aspects, and the postoperative inflammatory response in curative abdominal rectal cancer surgery.

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## **Doctoral Dissertation**

## Long-term outcome, socioeconomic aspects, and postoperative inflammatory response in minimally invasive rectal cancer surgery

KAVEH DEHLAGHI JADID Medical Science with a specialisation in Surgery



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