

## IMSUT Hospital

# Department of Surgery 外科

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*The mission of our department is to provide surgical treatment for various gastrointestinal diseases, such as colorectal cancers and gastric cancers. Since the participation of Prof. Shida and Dr. Ahiko in September 2020, we mainly perform laparoscopic surgery instead of open surgery for these diseases. In addition, we started robotic surgery for rectal cancer in April, 2021. This year, we also started robotic surgery for colon cancer in September, 2022.*

### 1. Introduction

We specialize in the treatment of gastrointestinal cancers, especially surgical treatment of colorectal cancer and gastric cancer. Colorectal cancer can be completely cured by more than 70% of patients when appropriate surgery is performed, even if it is stage III cancer. As qualified surgeons (endoscopic surgical skill qualification system) of the Japan Society for Endoscopic Surgery (Dr. Shida, Dr. Aiko and Dr. Kojima) as well as qualified console surgeon of robotic surgery (da Vinci system) (Dr. Shida, Dr. Aiko, Dr. Ahiko, Dr. Sakuyama, Dr. Onoyama, Dr. Kojima, and Dr. Monma), we are actively performing minimally invasive surgery with less physical burden of patients. In addition, after Dr. Kojima joined us, we also started laparoscopic surgery for inguinal hernia. All the staff do their best to treat the patients.

### 2. Treatment for gastrointestinal malignancy

Colorectal cancers and gastric cancers are what we

mainly treat. For rectal cancer, in order to improve the QOL (quality of life) after surgery as much as possible, we select not only autonomic nerve-sparing surgery but also anus-sparing surgery if the cancer can be sufficiently resected. For gastric cancer, we select the surgical method with policy of 'leaving the remaining stomach as much as possible', because stomach surgery limits the amount of food that patients eat after surgery which leads to weight loss and weakness. As qualified surgeons (endoscopic surgical skill qualification system) of the Japan Society for Endoscopic Surgery (Dr. Shida, Dr. Aiko and Dr. Kojima), we are actively performing minimally invasive surgery, that is, laparoscopic surgery and robotic surgery.

### 3. Surgical treatment for inguinal hernia

We started laparoscopic surgery for inguinal hernia in October, 2022. Our method is totally extra-peritoneal inguinal hernia repair (TEP), which is an effective minimally invasive method for treating hernias

that avoids entry into the abdomen.

#### 4. Surgical treatment for other benign diseases

We also treat a variety of benign diseases such as acute appendicitis, cholecystitis, and colonic diverticulitis.

#### 5. Endoscopic examination and treatment

Under cooperation with Department of General

Medicine (Prof. Boku N., Dr. Matsubara Y., Dr. Hirata Y. and Dr. Baba K.), we performed many cases of upper gastrointestinal endoscopy and colonoscopy.

#### 6. Launch of Robotic Surgery

We started robotic rectal surgery for rectal tumors such as rectal cancer and rectal NET (neuroendocrine tumor) in April, 2021. We also started robotic surgery for colon cancer in September, 2022.

### Publications

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- Effect of Biologics on the Risk of Advanced-Stage Inflammatory Bowel Disease-Associated Intestinal Cancer: A Nationwide Study.  
Medicine (Prof. Boku N., Dr. Matsubara Y., Dr. Hirata Y. and Dr. Baba K.), we performed many cases of upper gastrointestinal endoscopy and colonoscopy.
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- Prognostic differences between oligometastatic and polymetastatic disease after resection in patients with colorectal cancer and hepatic or lung metastases: Retrospective analysis of a large cohort at a single institution.  
Horie T, Kanemitsu Y, Takamizawa Y, Moritani K, Tsukamoto S, Shida D.  
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- Identification of odontogenic ameloblast associated as a novel target gene of the Wnt/ $\beta$ -catenin signaling pathway.  
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