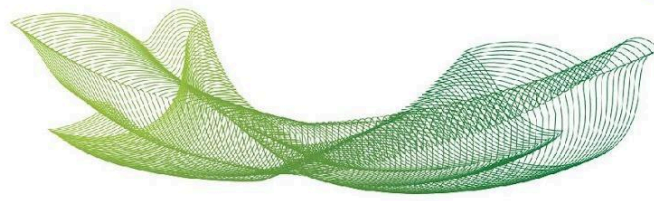


Tipo	Periódico
Título	Safety of robotic right hemicolectomy: A pooled analysis of individual patient data from two international prospective datasets (EAGLE-1 and EAGLE-2)
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Resumo	<p>Background: Anastomotic leak is the leading cause of serious morbidity after right hemicolectomy. Digital training interventions in the EAGLE programme have reduced leak rates, but the impact of robotic surgery on safety remains uncertain. This sub-analysis of the EAGLE 1 trial and EAGLE 2 prospective cohort evaluated outcomes after robotic right hemicolectomy compared with laparoscopic and open approaches.</p> <p>Methods: Adults undergoing right hemicolectomy, ileocolic resection or extended right hemicolectomy with primary anastomosis were included. Operative approach was classified as open, laparoscopic or robotic. The primary outcomes were 30-day anastomotic leak and major complications, defined as Clavien-Dindo grade III-V. Secondary outcomes were reoperation, readmission, unplanned critical care admission, mortality and length of stay. Multilevel multivariable logistic regression was used, with hospital nested within study as a random effect and adjustment for age, sex, ASA grade, urgency, contamination and EAGLE intervention status.</p> <p>Results: Of 6,294 eligible patients, 3,122 (49.6%) underwent laparoscopic, 2,895 (46.0%) open and 277 (4.4%) robotic surgery. Robotic procedures comprised 83 cases in EAGLE 1 and 194 in EAGLE 2; most were elective (94.2%) malignancy resections performed by consultant colorectal surgeons. Overall, anastomotic leak occurred in 4.3% of robotic cases and mortality in 0.4%. In adjusted analyses, robotic surgery was comparable to laparoscopy for major complications (odds ratio 0.88, 95% confidence interval 0.56-1.38; P = 0.571) and anastomotic leak (odds ratio 0.71, 0.38-1.30; P = 0.263). In elective procedures, outcomes for robotic surgery remained similar to laparoscopy in both EAGLE 1 and EAGLE 2.</p> <p>Conclusion: Robotic right hemicolectomy appears safe in contemporary practice, with anastomotic leak, major complication and mortality rates comparable to laparoscopic surgery and more favourable than open surgery after adjustment for case mix. These</p>



	findings support robotic surgery as an effective minimally invasive option for right hemicolectomy, while identifying the need for future studies that incorporate cost effectiveness and longer term oncological and patient reported outcomes.
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