**Title:** Minimally invasive (robotic versus laparoscopic) **right versus left colectomy** for colorectal cancer

1. **Patients** over 18 years old undergoing “robotic” “right or left” colonic resection for malignancy or benign lesions

**Exclusion criteria**

(1) Colonic resections for inflammatory and infectious indications, such as diverticulitis, ischemic colitis, and Crohn’s disease

(2) Emergency cases

(3) Case reports (with a population <20)

(4) Animal studies

(5) Patient with ileostomy or colostomy

1. **Intervention**: robotic **right** colectomy
2. **Comparison:** robotic **left** colectomy
3. **Outcomes:**

* Ileus or small bowel obstruction: (depend defined as abdominal distention with vomiting or necessitating insertion of a nasogastric tube without a clear transition point on imaging
* Anastomotic leak
* Surgical site infection
* Intra (operative time, conversion operation, estimated blood loss)
* small bowel obstruction defined as intestinal blockage with a transition point on imaging
* wound infection: included both superficial and deep incisional infections
* time to first flatus/bowel movement
* length of hospital stays
* 30-day readmissions
* reoperation

5. **Study type**: **comparative** studies (cohort studies, RCT, case control studies)

6. **Language:** English

**Provide an explicit statement:**

We are interested in reviewing all patients in the literature with colorectal cancer who underwent “right or left” laparoscopic or robotic colectomy to assess whether type of surgery was associated with postoperative complications

**Keywords:**

Colectomy

Robotic Right

Robotic Left

Robotic right hemicolectomy

Ileocolic resection

Colorectal

Minimally invasive

Complication

Cancer

**Expected project time**: 2 months

**How many results:** 500

**Are there other SR**: no

**References:**

1–3

4–6

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3. Deutsch GB, Sathyanarayana SA, Gunabushanam V, et al. Robotic vs. laparoscopic colorectal surgery: An institutional experience. *Surgical Endoscopy*. 2012;26(4):956-963. doi:10.1007/s00464-011-1977-6

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**Include abstracts**: yes

**How would you like to receive your information:** end note and Word file

**Other comments**: no