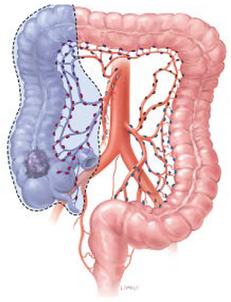
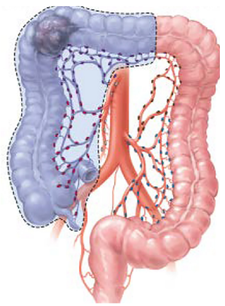
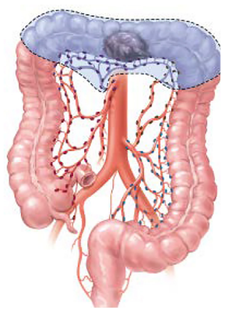
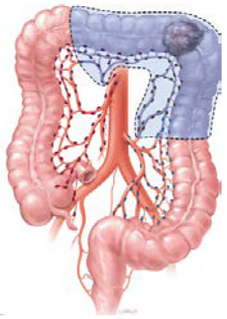
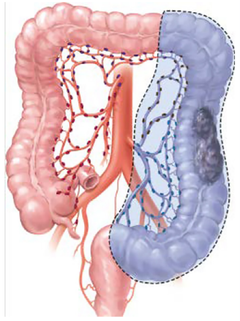
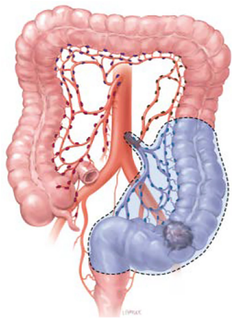
Commission on Cancer Operative Standards

Standard 5.6: Colon Resection

Operation

Resection of the tumor-bearing bowel segment and complete lymphadenectomy must be performed en bloc with proximal vascular ligation at the origin of the primary feeding arteries and veins.

Right	Hepatic flexure	Transverse	Splenic flexure	Left	Sigmoid
					
Ileocolic, right colic *(if present)*	Ileocolic, right colic *(if present)*, middle colic	Middle colic	Middle colic, ascending left colic	Inferior mesenteric + ascending left colic	Inferior mesenteric

The shaded area represents optimal en bloc resection with respect to tumor location.

Documentation

Required elements/ responses in synoptic format

- Curative Intent
- Tumor Location
- Extent of Colon and Vascular Resection

Timeline

2022
Document final plan for implementation

2023
Standard 5.6 takes full effect

2024
Site visits review operative reports for synoptic elements/ responses

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ACS CSSP Cancer Surgery Standards Program
American College of Surgeons