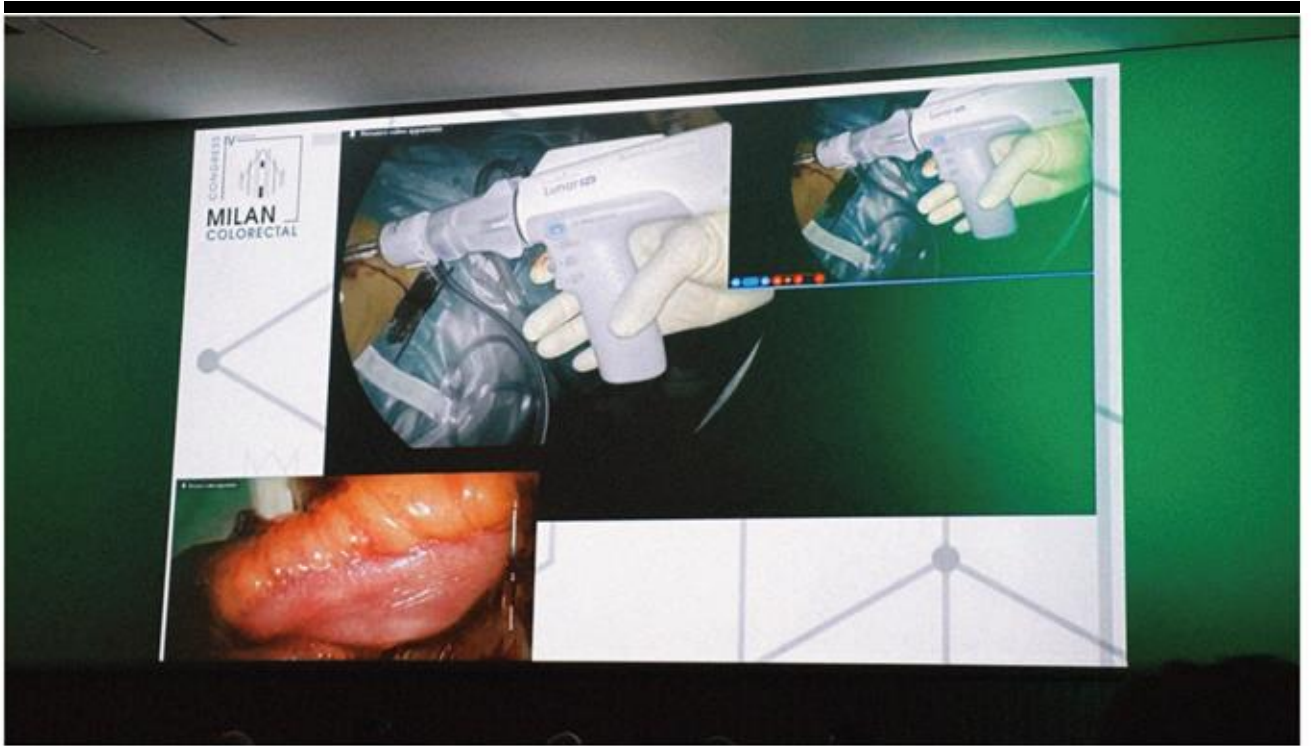




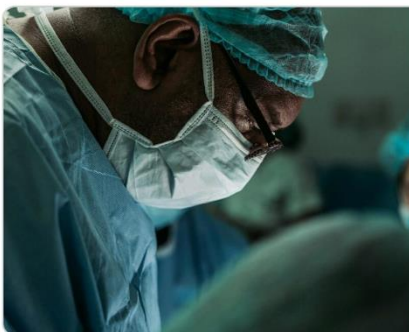
Inside a Live Colorectal Surgery | Precision in a Demanding Procedure

July 31, 2026



Live Laparoscopic Colonic Surgery from Milan, IV **Milan Colorectal Congress**

Prof. Luigi Boni



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2026 Milan Colorectal Congress

A live colorectal procedure performed by Prof. Luigi Boni during the “Live Laparoscopic Colonic Surgeries from Milan and Shanghai” session at the Milan Colorectal Congress demonstrated contemporary principles in minimally invasive colorectal surgery, emphasizing the balance between oncological precision and functional preservation.

Beyond the technical execution, the case reflected several key considerations in current colorectal practice, including total mesorectal excision (TME), reconstruction strategies, and the pursuit of optimal postoperative outcomes.

★ Special

Minimally invasive colorectal procedures continue to present several technical challenges:

- Precise stapler positioning within the confined pelvic cavity during distal rectal transection.
- Secure tissue compression and reliable staple formation during reconstruction.
- Simultaneous maintenance of tissue traction, visualization, and instrument control throughout the procedure.

These procedural demands require not only surgical expertise, but also technologies capable of supporting accurate and reproducible performance.



Device Performance in the Procedure

The Fulbright Fully Powered Intelligent Stapler — LUNAR S PRO was used during key stages of tissue transection and reconstruction.

Key observations from the procedure included:

Deep pelvic dissection and distal rectal transection require precise stapler positioning within a confined anatomical space.

✓ **60° fully powered articulation** facilitated optimal approach angles and precise device placement, supporting efficient access during technically demanding pelvic procedures.





Secure transection and anastomotic reconstruction depend on consistent tissue compression and reliable staple formation.

✓ **PRO with Stepwise Staple** delivered uniform tissue compression and controlled tissue division, supporting consistent staple line quality during critical reconstructive steps.

Maintaining tissue traction, visualization, and instrument control simultaneously remains a key challenge in minimally invasive colorectal surgery.

✓ **Single handed & Smart stapling operation** enabled continuous control of the operative field while reducing the need for additional hand movements, contributing to a smoother procedural workflow.



CLICK



to watch the full procedure video

Discussion

Contemporary colorectal surgery extends beyond the successful completion of a procedure. Increasing attention is being paid to issues such as:

- Optimization of neoadjuvant treatment strategies.
- Defining the boundaries of total mesorectal excision (TME).
- Appropriate patient selection for extended rectal resection.
- Balancing functional preservation with oncological safety.

This case illustrates how advances in surgical technology can support surgeons in addressing these challenges while maintaining precision in complex minimally invasive procedures.

Conclusion

As colorectal surgery continues to evolve, innovation is ultimately measured not only by technological progress, but by its ability to generate meaningful clinical value.

The integration of intelligent surgical devices into daily practice has the potential to improve procedural consistency, support surgical decision-making, and contribute to better outcomes for patients.



Smarter Stapling

Minimally invasive procedures should be performed only by persons having adequate training and familiarity with minimally invasive techniques. Consult medical literature relative to...

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