Low Anterior Resection
Positions of the surgical team and the equipment for the laparoscopic anterior resection.

Positions of the cannulas for the laparoscopic anterior resection.
The main mesenteric blood vessels are tented anteriorly and the plane is dissected between the vessels and structures behind them.
The rectal dissection starts from the right side, carefully identifying and sweeping down the hypogastric nerves (nerves for sexual function), which can be tented upward with traction.
The peritoneal reflection is incised, exposing Denonvillier’s fascia and protecting the seminal vesicles or vaginal wall.
An endoscopic linear stapler is introduced through the suprapubic cannula and fired across the distal intestine at right angles to the bowel.
The double-staple anastomosis (hook-up) is performed using a circular stapler.

After resection, the staples will be evaluated to be sure there has been good formation of the staples.