

Minimally Invasive Colorectal Surgery (MICS) underwent to a radical evolution in the last 30 years, thanks to the fundamental results of the randomized trials comparing laparoscopy and open surgery, to the development of cameras, telescopes and instruments, with a consequent increased number of the MICS techniques. All these aspects contributed to an improved quality of surgery and patient's care.

Nowadays, centers with experience in MICS perform the different procedures through various techniques, each one adopted patient by patient with the reference to the presented disease and to the single patient's anatomy. The procedures can be performed through the abdomen, as well as through the anus and, most of the time, joining these two approaches.

All the colic segments, as well as the rectum, are resected following the appropriate plane of dissection and, in front of oncologic cases, achieving the adequate lymphadenectomy. This strategy allows the specimen's removal with a minimal blood loss and acceptable operative time, with the maximum number of lymph nodes, and with a general improved patient's comfort. Oncologic outcomes completely changed in favor of better outcomes thanks to the advances in multimodality therapies and strategies. Lymphadenectomy radically improved in terms of number of nodes achieved, following the correct mesocolic/mesorectal dissection and also researching the sentinel lymph node.

Furthermore, this improved quality of resection is performed using the latest evolved techniques, with an extra-magnified quality of image, precision and accuracy of dissection thanks to the elaborated cameras, optics, and instruments for dissection and coagulation. Both laparoscopic and robotic methods benefit of these technical improvements, leaving the final choice to adopt one of them to the surgeon's experience and to the hospital's material availability.

In this *Minimally Invasive Approach to Colorectal Diseases* book, the reader can get an overview of the different MICSs described by referenced pioneers in each of these techniques. A description of MICSs with reported feasibility and results can stimulate the reader to reproduce the surgical procedure and to achieve compared data in order to select the adequate procedure for each single patient.



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