Title: Open sidewall excision for recurrent rectal cancer with gluteal flap reconstruction: a video vignette

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Dear Editor,

This video demonstrates the technique for an open sidewall excision and gluteal flap perineal reconstruction, in a female patient with recurrent rectal cancer, following long course chemoradiotherapy. Previously, the patient had undergone a TME with a coloanal anastomosis. Here we describe the technique by identifying the important anatomical structures [1].

The video highlights the importance of the “surgical roadmap”, as provided by the radiologist on assessment of the patient’s T2-weighted MRI scan [2]. It also introduces the acronym “BONVUE” for MRI reporting and defining the surgical roadmap, which is used by the radiologist in our centre.

The video also describes the preferred flap reconstruction technique in our centre, using the left superior gluteal artery perforator, with bulk of the flap used to fill the pelvic cavity and skin used to reconstruct the vagina.

Lateral pelvic sidewall excision comes with increased morbidity, increased operating time and increased blood loss, however appropriate patient selection increases DFS [3]. High resolution MRI has the highest accuracy for staging of rectal MRI and assessing the lateral pelvic side wall lymph nodes [4].

Controversy exists between Japan and the west regarding the management of rectal cancer especially regarding pelvic side wall lymph nodes. Current studies are looking at identifying selection criteria and standardising the process [5,6].

Currently there is no optimal way for closure of the perineal defect, with different centres opting for different flaps including the use of mesh, each method associated with its own morbidity [7].

**Conflict of interest**: Nil

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