SPEAKER 1: A full [INAUDIBLE] incision of the rectum. And you notice using the cutter devices creates on this mark, and helping with the air of the CO2, they start over the section. We start posteriorly, then go anterior, and then lateral, until we've completely excised the rectal wall, as seen at the 25 second mark. Then we start posteriorly, to get in the right mesorectal area.

Sometimes we find thicker areas, and then you can see the areola plane that is [INAUDIBLE]. Then, continuing all intraperitoneal, preserving the total mesorectal excision until you can see the intra-abdominal port. You can see in the top a prostate, and you see the complete tumor free around. Now we sterilize the rectum through the device, and you can see in [INAUDIBLE] one of four.

And then slowly extract all the colon, and select in the right place for anastomosis. During this time, we also allow us to get indocyanine green, ICG, to evaluate the perfusion of the rectum to see for a future anastomosis. And then we perform the anastomosis through the inner canal using a staple.