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Araştırma Alanları

Tıp

SCI, SSCI ve AHCI İndekslerine Giren Dergilerde Yayınlanan Makaleler

- I. **Robotic ileocolic resection with mesenteric excision and intracorporeal anastomosis for Crohn's disease complicated with enterocutaneous fistula and stricture-A video vignette**
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- II. **Short- and mid-term results of diode laser treatment in pilonidal sinus disease and the role of endoscopic camera use on outcomes**
Bilgin İ. A., Tanal M., Ramoglu N., Özben V., Sahin I., Aghayeva A., Sahar A. A., Saylik O., Baca B., Hamzaoglu İ. H., et al.
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- III. **Step by step revisiting and standardizing the robotic approach of complete mesocolic excision for right-sided colon cancer**
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- IV. **Optimizing the Personalized Care for the Management of Rectal Cancer: A Consensus Statement**
Aytaç E., Özer L., Baca B., Balık E., Kapran Y., Taşkın O. C., Oyan Uluç B., Abacıoğlu M. U., Gönenç M., Bölükbaşı Y., et al.
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- V. **The impact of surgical delay on resectability of colorectal cancer: An international prospective cohort study**
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- VI. **Robotic Surgery for Deep Pelvic Endometriosis with Multidisciplinary Approach: Shaving, Wedge Resection and Segmental Resection.**
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- VII. **Preoperative nasopharyngeal swab testing and postoperative pulmonary complications in patients undergoing elective surgery during the SARS-CoV-2 pandemic**
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- VIII. **Effect of COVID-19 pandemic lockdowns on planned cancer surgery for 15 tumour types in 61 countries: an international, prospective, cohort study**
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- IX. **Does Obesity Impact Surgical and Pathological Outcomes in Robotic Complete Mesocolic Excision for Colon Cancer?**
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- X. **ROBOTIC SURGERY FOR DEEP PELVIC ENDOMETRIOSIS WITH A MULTIDISCIPLINARY APPROACH: SHAVING, WEDGE RESECTION, AND SEGMENTAL RESECTION.**
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- XI. **Metastasis to lymph nodes around the vascular tie worsens long-term oncological outcomes following complete mesocolic excision and conventional colectomy for right-sided colon cancer**
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- XII. **Clinicopathological and Prognostic Significance of MSI Status and PD-L1 Expression in Turkish Patients with Gastric Cancer**
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- XIII. **Elective Cancer Surgery in COVID-19-Free Surgical Pathways During the SARS-CoV-2 Pandemic: An International, Multicenter, Comparative Cohort Study.**
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- XIV. **Impact of Prolonged Neoadjuvant Treatment-surgery Interval on Histopathologic and Operative Outcomes in Patients Undergoing Total Mesorectal Excision for Locally Advanced Rectal Cancer.**
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- XV. **Learning curve analysis of robotic transabdominal preperitoneal inguinal hernia repair.**
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- XVI. **Totally minimally invasive radical gastrectomy with the da Vinci Xi(R)robotic system versus straight laparoscopy for gastric adenocarcinoma**
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- XVII. **Operative and long-term oncological outcomes in patients undergoing robotic versus laparoscopic surgery for rectal cancer**
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- XVIII. **Re: Comment on "Dealing with the gray zones in the management of gastric cancer: The consensus statement of the Istanbul Group" Response**
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- XXI. **SARCOPENIA IS ASSOCIATED WITH A MORE AGGRESSIVE TUMOR BIOLOGY WITH INCREASED NEURAL INVASION IN PATIENTS WITH LOCALLY ADVANCED RECTAL CANCER.**
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- XXII. **ANTHROPOMETRIC ANALYSIS OF THE PELVIS IN PATIENTS UNDERGOING ROBOTIC TOTAL MESORECTAL EXCISION FOR RECTAL CANCER.**
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- XXIII. **MICROSINUSECTOMY WITH VIDEO-ASSISTED LASER ABLATION FOR PILONIDAL SINUS DISEASE.**
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- XXIV. **PARADIGM SHIFT UNDER THE INSTITUTIONAL MULTIDISCIPLINARY TUMOR BOARD SUPERVISION FOR THE CURATIVE MANAGEMENT OF STAGE IV COLORECTAL CANCER WITH LIVER METASTASES.**
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- XXV. **Totally Robotic Autonomic Nerve-Preserving Total Mesorectal Excisions: Step-by-Step Technical Tips and Tricks.**
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- XXVI. **Predictors of endoscopic recurrence in resected patients with Crohn's disease in a long-term follow-up cohort: History of multiple previous resections and residual synchronous disease in the remnant intestine**
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- XXVII. **Fully robotic total gastrectomy with D2 lymphadenectomy for gastric cancer**
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- XXVIII. **Live surgical demonstrations for minimally invasive colorectal training**
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- XXIX. **Short-term Results After Totally Robotic Restorative Total Proctocolectomy With Ileal Pouch Anal Anastomosis for Ulcerative Colitis.**
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- XXX. **Totally laparoscopic and totally robotic surgery in patients with left-sided colonic diverticulitis.**
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- XXXI. **Management of Complicated Ostomy Dehiscence A Case Study**
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- XXXII. **Robotic left colectomy with complete mesocolic excision and intracorporeal side-to-side anastomosis for splenic flexure cancer with the da Vinci Xi robotic platform - a video vignette.**

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XLI. Robotic sigmoidectomy for giant diverticula with the da Vinci Xi - a video vignette

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- XLVI. **"Top down no-touch" technique in robotic complete mesocolic excision for extended right hemicolectomy with intracorporeal anastomosis.**
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- L. **Does Robot Overcome Obesity-related Limitations of Minimally Invasive Rectal Surgery for Cancer?**
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- LIV. **Robotic ventral mesh rectopexy technique for rectal intussusception with rectocele - a video vignette.**
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- LX. Robotic complete mesocolic excision for right-sided colon cancer.**
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- LXI. Is da Vinci Xi Better than da Vinci Si in Robotic Rectal Cancer Surgery? Comparison of the 2 Generations of da Vinci Systems.**
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- LXIV. Fistula tract curettage and the use of biological dermal plugs improve high transsphincteric fistula healing in an animal model**
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Kitap & Kitap Bölümleri

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I. ROBOTIC COMPLETE MESOCOLIC EXCISION VERSUS CONVENTIONAL LAPAROSCOPIC COLECTOMY

FOR TRANSVERSE COLON CANCER: A COMPARISON OF SHORT-TERM OUTCOMES BETWEEN TWO APPROACHES.

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