

The Progress of Laparoscopic Surgery for Gastric Cancer

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Laparoscopic surgery for gastric cancer has made remarkable progress and has been widely adopted in the last fourteen years. In this presentation, the current status of laparoscopy-assisted gastrectomy will be discussed.

Initially, We limited the indication about lymph node dissection only perigastric area for reasons of immature technique, however, since 1997, I began performing D2 lymph node dissection as my techniques progressed. I perform D2 dissection with laparoscopy-assisted distal gastrectomy for gastric cancer with tumors located at either the middle or lower part of stomach. With regard to GI reconstruction, I employ the Roux-Y method in addition to the standard B-I reconstruction. The mean operation time of the Laparoscopic gastrectomy is about four hours and the mean blood loss is less than 100ml. Our D2 lymph node dissection procedure will be presented.

Today, Laparoscopy-assisted total gastrectomy is not generally accepted as a standard procedure. The difficulty of GI reconstruction in laparoscopy-assisted total gastrectomy disturbs the standardization of this procedure. We approached issue relatively early on and adopted two methods. I will introduce two methods in my presentation.

The results of our 250 cases of laparoscopic gastrectomy show five cases (2%) converted to open procedure due to necessity of additional lymph node dissection.

Thirteen cases (5.2%) showed postoperative minor complications. The hospital stay was 11 day in LADG, 12 days in LAPG, and 19 days in LATG. There were no ileus.

There were three cases of recurrence even though the surgical indications were either cT1N1 or T2N0. The stages of these three cases were SM2,N1tub1, SM2,N2,por, and SS,N2,sig; the former two cases showed hepatic metastasis and the other one has both bone and peritoneum metastasis. There was no postoperative lymph node metastasis. There were no differences between open and laparoscopic surgery in term of postoperative outcome.

The procedure of laparoscopy-assisted gastrectomy is innovative for the gastric cancer. While it satisfies both radicality and minimal invasiveness. This technique Will continue to progress and become the flagship for other Laparoscopic surgery.

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