

Totally Laparoscopic Surgery for Gastric Cancer

Hoon Hur, and Sang-Uk Han

Department of Surgery, Ajou University School of Medicine, Suwon, Korea

Laparoscopic surgery for gastric cancer has become a popular procedure in East Asian countries such as Korea and Japan,¹ and the advantages of this approach for gastric cancer surgery have been clearly demonstrated in several clinical studies.²⁻⁵ The most commonly performed laparoscopic procedures for gastric cancer include the omentectomy and the lymphadenectomy. However, minimal laparotomy is required for resection and reconstruction with these procedures.

Recent surgical innovations have focused on minimizing trauma for surgical patients. In the field of laparoscopic surgery for gastric cancer, experienced surgeons want to begin performing surgical procedures such as intracorporeal anastomosis without mini-laparotomy, which is referred to as totally laparoscopic surgery. Although there are no proven clinical results for this approach, surgeons hope to reduce postoperative pain and enhance recovery through totally laparoscopic surgery. Hosogi and Kanaya⁶ published a review article about intracorporeal anastomosis in the most recent issue of the *Journal of Gastric Cancer* and reported that most clinical studies of intracorporeal anastomosis have demonstrated its technical feasibility. However, comparative studies between totally laparoscopy and conventional laparoscopy-assisted surgery are lacking.

This issue of the *Journal of Gastric Cancer* includes three clinical studies that compare totally laparoscopic surgery or intracorporeal anastomosis to laparoscopy-assisted surgery for gastric can-

cer.⁷⁻⁹ Two of these articles discuss overcoming the learning curve in totally laparoscopic surgery for gastric cancer,^{7,8} and these studies show that experienced surgeons for laparoscopic surgery have obtained stable surgical outcomes for over twenty cases after initial totally laparoscopic surgery. This finding suggests that a relatively small number of cases are required to overcome the learning curve for this technique, as compared to that for laparoscopy-assisted surgery, among surgeons experienced with open surgery. Furthermore, the other article in this issue suggests the possibility of totally laparoscopic surgery in lower-volume centers.⁹

The editors feel that this issue of the *Journal of Gastric Cancer* will provide help to surgeons who seek to launch the application of totally laparoscopic surgery for gastric cancer.

References

1. Kim YW, Yoon HM, Eom BW, Park JY. History of minimally invasive surgery for gastric cancer in Korea. *J Gastric Cancer* 2012;12:13-17.
2. Kim HH, Hyung WJ, Cho GS, Kim MC, Han SU, Kim W, et al. Morbidity and mortality of laparoscopic gastrectomy versus open gastrectomy for gastric cancer: an interim report—a phase III multicenter, prospective, randomized Trial (KLASS Trial). *Ann Surg* 2010;251:417-420.
3. Kim MC, Kim KH, Kim HH, Jung GJ. Comparison of laparoscopy-assisted by conventional open distal gastrectomy and extraperigastric lymph node dissection in early gastric cancer. *J Surg Oncol* 2005;91:90-94.
4. Kim YW, Baik YH, Yun YH, Nam BH, Kim DH, Choi IJ, et al. Improved quality of life outcomes after laparoscopy-assisted distal gastrectomy for early gastric cancer: results of a prospective randomized clinical trial. *Ann Surg* 2008;248:721-727.

Correspondence to: Sang-Uk Han
Editor in Chief, the Journal of Gastric Cancer
Department of Surgery, Ajou University School of Medicine, 206 WorldCup-ro, Yeongtong-gu, Suwon 443-749, Korea
Tel: +82-31-219-4384, Fax: +82-31-219-4438
E-mail: hansu@ajou.ac.kr
Received March 13, 2013
Accepted March 13, 2013

5. Kitano S, Shiraishi N, Fujii K, Yasuda K, Inomata M, Adachi Y. A randomized controlled trial comparing open vs laparoscopy-assisted distal gastrectomy for the treatment of early gastric cancer: an interim report. *Surgery* 2002;131:S306-311.
6. Hosogi H, Kanaya S. Intracorporeal anastomosis in laparoscopic gastric cancer surgery. *J Gastric Cancer* 2012;12:133-139.
7. Kim HG, Park JH, Jeong SH, Lee YJ, Ha WS, Choi SK, et al. Totally laparoscopic distal gastrectomy after learning curve completion: comparison with laparoscopy-assisted distal gastrectomy. *J Gastric Cancer* 2013;13:26-33.
8. Ahn CW, Hur H, Han SU, Cho YK. Comparison of intracorporeal reconstruction after laparoscopic distal gastrectomy with extracorporeal reconstruction in the view of learning curve. *J Gastric Cancer* 2013;13:34-43.
9. Choi BS, Oh HK, Park SH, Park JM. Comparison of laparoscopy-assisted and totally laparoscopic distal gastrectomy: the short-term outcome at a low volume center. *J Gastric Cancer* 2013;13:44-50.