

Totally laparoscopic radical BII gastrectomy for the treatment of gastric cancer: a comparison with open surgery

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摘要

Abstract

Background: Laparoscopically assisted distal gastrectomy has been used for distal part early gastric cancer resection. However, use of totally laparoscopic gastric cancer resection remains limited because of technical problems, especially when standard D2 nodal dissection was applied. We had reported the first totally laparoscopic Billroth II (BII) subtotal gastrectomy with lymphadenectomy for early gastric cancer in the year 1998 . The aim of this study is to determine whether this procedure is superior to conventional open technique. Methods: The clinical course of 34 consecutive patients who underwent totally laparoscopic BII gastrectomy using an upper to lower, right to left, and clockwise quadrant-to-quadrant technique was compared with 34 sex-matched and age-matched patients who underwent open gastrectomy. Main outcome measures included operative time, blood loss, length of stay, morbidity and mortality, adequacy of lymphadenectomy and long-term outcome. Results: In the laparoscopic group, all the operations were completed by laparoscopic technique, but 1 patient required secondary laparotomy for total gastrectomy owing to inadequate resection margin. There was no operation mortality in this study. The postoperative complication rates were similar in these 2 groups . The mean operative time for laparoscopic group was 283 122 minutes (range: 186 to 480min), significantly longer than the 195 26 minutes in the conventional group ($P < 0.001$). Laparoscopic, group was associated with less intraoperative blood loss (74 vs. 190 mL; $P < 0.01$), early flatus passage (2.9 vs. 4.9 d; $P < 0.01$), less usage of analgesics (3.5 vs. 5.8 doses; $P < 0.05$), and a shorter postoperative hospital stay (8.5 vs. 12.1 d; $P < 0.01$). There was no significant difference between laparoscopic and conventional open radical gastrectomy with regard to ratio of free margin , number of harvested lymph nodes, and survival. Conclusion: Although totally

laparoscopic Bill gastrectomy using the upper to lower technique required a longer surgical time and was technically more demanding than conventional open surgery, it resulted in shorter recovery time, less analgesic use, and less severe physical discomfort without compromising the operative curability and oncologic outcomes.