

題名: Clinical experience of laparoscopic liver resection.

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摘要: BACKGROUND: Robotic surgery was developed in response to the limitations and drawbacks of laparoscopic surgery. Since 1997 when the first robotic procedure was performed various papers pointed the advantages of robotic-assisted laparoscopic surgery, this technique is now a reality and it will probably become the surgery of the future. The aim of this paper is to present our preliminary experience with the three-arms "da Vinci S surgical system", to assess the feasibility of this technique in various abdominal and thoracic procedures and to point out the advantages of the robotic approach for each type of procedure. MATERIALS AND METHODS: Between 18 January 2008 and 18 January 2009 153 patients (66 men and 87 women; mean age 48,02 years, range 6 to 84 years) underwent robotic-assisted surgical procedures in our institution; we performed 129 abdominal and 24 thoracic procedures, as follows: one cholecystectomy, 14 myotomies with Dor fundoplication, one gastroenteroanastomosis for unresectable antral gastric cancer, one transthoracic esophagectomy, 14 gastrectomies, one polypectomy through gastrotomy, 22 splenectomies, 7 partial spleen resections, 22 thymectomy, 6 Nissen funduplications, one Toupet fundoplication, one choledocho-duodeno-anastomosis, one drainage for pancreatic abscess, one distal pancreatectomy, one hepatic cyst fenestration, 7 hepatic resections, 29 colonic and rectal resections, 5 adrenalectomies, 12 total radical hysterectomies and pelvic lymphadenectomy, 3 hysterectomies with bilateral adnexectomy for uterine fibroma, one unilateral adnexectomy, and 2 cases of cervico-mediastinal goitre resection. RESULTS: 147 procedures were robotics

completed , whereas 6 procedures were converted to open surgery due to the extent of the lesion. Average operating room time was 171 minutes (range 60 to 600 minutes, Median length of stay was 8,6 days (range 2 to 48 days). One system malfunctions was registered. Post-operative complications occurred in 14 cases. There were no deaths. CONCLUSIONS: Our preliminary experience suggests that robotic surgery is feasible and worth of clinical application. The best indications for robotic surgery are the procedures that require a small operating field, a fine a precise dissection (suitable for pelvic and gastric lymphadenectomy, nerve sparing in total mesorectal excision) and safe intracorporeal sutures.