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Totally laparoscopic gastrectomy for gastric cancer: Short-term outcomes of a South American experience

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Background: Gastric surgical resection with adequate lymphadenectomy remains the only potentially curative therapeutic approach for patients with gastric cancer. Laparoscopic gastrectomy has recently been recognized worldwide as a viable alternative to conventional open gastrectomy; yet, one of the hot issues in laparoscopic gastric surgery has been whether the indication can be safely extended to advanced gastric cancer.

Study design: Between July 2012 and August 2014, 20 patients underwent Laparoscopic Total Gastrectomy, Laparoscopic Subtotal Gastrectomy, or Laparoscopic Proximal Gastrectomy with adequate lymphadenectomy for gastric cancer treatment at our center. We reviewed the short-term outcomes in terms of clinic pathologic characteristics, number of harvested lymph nodes, operative time, blood loss, length of stay, morbidity and mortality.

Results: The majority of the patients had an advanced gastric cancer cT3-T4a (16 patients, 80%). Distal gastrectomy was performed in 6 (30%) patients, total in 13 (65%), and proximal in 1 (5%) patient. Mean number of retrieved lymph nodes was 30.2 (range, 12-64). Mean surgical time was 362 minutes (range, 260-480 min). Conversion to open surgery occurred in 2 patients. Median length of stay was 6 days (range, 6-8) after Laparoscopic Subtotal Gastrectomy and 12 days (range, 8-30) after Laparoscopic Total Gastrectomy. Postoperative mortality and morbidity rates were 5% (n=1) and 10% (n=2), respectively.

Conclusion: Our case series demonstrates that Laparoscopic Gastrectomy for gastric cancer is feasible, safe and has acceptable short-term oncologic outcomes, operative time and surgical complications, even in an initial experience.

Notes: