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Laparoscopic gastrectomy for gastric cancer treatment: Report of an initial experience

Kevin Carvalho de Melo Faria, Gabriel Nóbrega de Arruda, Flávio Antônio de Sá Ribeiro, Leonardo Rocha Ferraz and Thiago Boechat de Abreu
Federal Hospital of Bonsucesso, Brazil

In 1992, Ohgami and colleagues first reported laparoscopic wedge resection for the treatment of an early gastric cancer, and in 1994, Kitano et al reported the first laparoscopy-assisted distal gastrectomy with a modified D1 lymphadenectomy. Since then, the technique has been progressively accepted to treat gastric cancer due to the benefits of the minimally-invasive surgery such as: Less blood loss, less pain, earlier mobilization, earlier bowel function, faster recovery, shorter hospital stay, well-preserved immune function, better cosmetic effects and improved quality of life. Laparoscopic gastrectomy (LG) has recently been recognized worldwide as a viable alternative to conventional open gastrectomy (OG) with the laparoscopic approach being employed in approximately 20% of gastric cancer surgeries in Japan. In 2015, multicenter prospective randomized clinical trials KLASS I and JCOG 0912 will present their final results to probably confirm the oncologic safety of laparoscopic surgery for early gastric cancer and recognize it as standard procedure in clinical practice. At present, one of the hot issues in laparoscopic gastric surgery has been whether the indication can be safely extended to advanced gastric cancer (AGC). The application of LG for AGC is still controversial because few studies have compared the long-term results between LG with D2 lymphadenectomy and OG. Nevertheless, several studies on the short-term results are available, demonstrating similar over all survival rates, less blood loss, less pain, comparable number of harvested lymph nodes, reduced postoperative complications and shorter hospital stays. Based on existing literature and expertise acquired with conventional gastric cancer surgery, we start a case series study. Between July 2012 and August 2014, 20 patients (with a biopsy-proven gastric adenocarcinoma) underwent a laparoscopic total gastrectomy, laparoscopic subtotal gastrectomy, or laparoscopic proximal gastrectomy with perigastric or more extended lymphadenectomy at our center, performed by the same surgical team. Herein, we will present the technical aspects and preliminary results.

Biography

Kevin Carvalho de Melo Faria has completed Medicine at the Centro Universitário Serra dos Órgãos (UNIFESO), Rio de Janeiro and Federal Hospital of Bonsucesso. He is a participant of the study group formed by: Dr. Flavio Antonio Sa Ribeiro.

kdj22@hotmail.com