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Complication of gastric cancer surgery

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Ctomach cancer is one of the main health problems Jworldwide and the only treatment method for it is gastric surgery. The chosen and only accepted intervention for the treatment of this cancer is gastroectomy with cleaning of the lymph nodes. In recent decades, the frequency of complications from this intervention has been greatly reduced thanks to the improvement of surgical and anesthetic techniques, support with parenteral nutrition, the use of antibiotics, again there are cases of complications that require re-intervention and the frequency of these complications varies from 2 -10%. Stomach cancer surgery is considered a high-risk surgery with a poor prognosis, where survival in the first 5 years of treatment remains low, therefore efforts must be made to improve the outcome for these patients. In recent decades, fortunately, many improvements have been made in different stages of treatment. Even the improvement of the preoperative phase, that is rehabilitation, can affect survival. Programs to accelerate recovery after surgery are also giving promising results, but only ongoing studies will show what the optimal therapeutic strategy will be. The introduction of laparoscopy as a surgical technique has improved the cleaning of lymph nodes and also the final result. While intraperitoneal hyperthermic chemotherapy

has so far not been seen to be effective in the treatment of cancer with peritoneal metastases. Improvements in postoperative care include finding the appropriate time to start oral feeding, which has been shown to reduce hospital stay. Also, centralization and clinical audits can further improve the outcome of <u>gastric surgery</u>. In conclusion, improvements have been made in the surgical treatment of gastric cancer. Reports on re-intervention after a gastroectomy have many drawbacks: very long follow-up time, a limited number of observed patients as well as variation in results as a result of different surgeons with different techniques. However, the treatment of stomach cancer is a high-risk intervention and there is still a lot of room for future studies.

Keywords: gastric cancer, surgical intervention, resection.

Biography

I am a medical doctor, surgeon, from Tirana, Albania. I graduated on 1995 from the Faculty of Medicine, University of Tirana, Albania. Afterwards I was specialized for four years in Surgical Department and currently I work at the at the University Hospital Centre "Mother Teresa" in Tirana at surgical division. Currently I am doing Phd in this domain at Tirana University, in Tirana-Albania.

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