Laparoscopic Assisted Versus Open Radical Distal Gastrectomy for patients with early gastric cancer

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Abstract:

Background: Laparoscopic surgery with a small laparotomy reportedly has several advantages over conventional open surgery, including less invasiveness, less pain, earlier recovery, and better cosmeses. The aim of this study was to compare technical feasibility and early clinical outcomes of laparoscopic-assisted and open radical gastrectomy for gastric cancer. Patients and methods: In our prospective study, patients with distal gastric cancer were divided into two groups (a) patients underwent radical gastrectomy by LADG (21 patients) and (b) ODG (21 patients). For the postoperative pathologic results, the tumor-nodal-metastasis (TNM) stage, grade of tumor differentiation, distal and proximal margins, the number of harvested lymph nodes were evaluated. Staging was done according to the 7th edition of the UICC tumor, node, and metastasis (TNM) classification. D1 and D2 lymphadenectomy with curative RO intention was attempted in all cases. Operative mortality and morbidity were assessed. Results: The time to initiate oral intake, and postoperative hospital stay were significantly shorter in the LADG group than in the ODG group (P

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