

Laparoscopic Surgery for Early Gastric Cancers

K. Omote, A. Ougolkov, H. Kitakata, K. Yamashita, K. Yasumoto, T. Minamoto, Y. Takahashi and M. Mai

Under the favor of recent advancement of diagnostic endoscopy, gastro-enterologists frequently meet up with early gastric cancers (EGCs) up to 50% of all gastric cancers in usual clinical practice. And recently, endoscopic treatments for EGCs attract the great attention as a minimally invasive therapy for them. Because of good prognosis of EGCs, surgical treatment of them is expected as minimal as possible in order to have a good postoperative quality of life.

Laparoscopic procedures for gastric tumors have been started out in Japan since 1993. And then, they are increasingly and widely accepted in clinical surgery because of their advantages. These procedures cause a small surgical wound, as well as allowing the rapid restoration of peristalsis and a rapid resumption of oral feeding. Thus, compared with conventional open surgery, the hospital stay is shortened and a more rapid return to normal life becomes possible. According to the Practice Guideline of The Japanese Gastric Cancer Association, the Laparoscopic Surgery for gastric cancers should be limited to T1(M or SM) tumors. However, the indication of laparoscopic surgery for gastric cancers has been expanding into the area of indication for more advanced tumors.

The laparoscopic procedures for EGCs are I) Laparoscopic wedge resection of the stomach, “lesion lifting method”, II) Laparoscopic mucosal resection of the stomach, “intra-gastric surgery”, III) Laparoscopy-assisted gastrectomy including laparoscopy assisted distal partial gastrectomy (LAPG) and laparoscopy assisted pylorus preserving partial gastrectomy (LAPPG) (Figure). The last methods have begun to attract attention, because it is employing lymph node dissection being equivalent of a open surgery. Since 1998, we have safely performed LAPG or LAPPG for eight EGC patients associated with good results. Averaged operation time is 296 minutes and averaged postoperative hospital stay is 18 days. For further evaluation of the long time out come and safety of these laparoscopic procedures for gastric cancers, as well as standardization of the surgical technique, many things about these treatments should be well investigated.

The Technique of Laparoscopic Surgery

