

New minimally invasive surgery option for patients with stomach cancer

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A novel, minimally invasive surgical approach to treat stomach cancer has been shown to have advantages that may make it a preferable treatment for some patients.

A new study led by researchers at Memorial Sloan-Kettering Cancer Center (MSKCC) compares traditional "open" surgery to remove the stomach with laparoscopic gastrectomy - a minimally invasive procedure in which the surgeon removes the stomach while guided by a magnified image projected by a thin, lighted tube with a video camera at its tip, called a laparoscope. The findings demonstrate that while laparoscopic surgeries generally took longer to perform than open procedures, the minimally invasive approach yielded shorter hospital stays, decreased need for postoperative pain relief, fewer complications after surgery, and similar rates of recurrence-free survival after 36 months of follow-up.

"Our number one goal in treating patients with stomach cancer is to remove the cancer completely and safely, while preserving his or her quality of life," says the study's lead author Vivian E. Strong, MD, a surgeon at MSKCC who specializes in laparoscopic surgery for the treatment of stomach cancer, also known as [gastric cancer](#).

"Laparoscopic gastrectomy is an excellent option for certain patients with the disease, and for those patients, this approach has the same success rate as standard open surgery, with significantly fewer complications."

Published online in the *Annals of Surgical Oncology*, the paper describes the largest US study of laparoscopic gastrectomy to date and demonstrates both the safety and efficacy of the procedure. The study examined the surgical characteristics and oncologic outcomes of 30 patients who underwent laparoscopic gastrectomy and compared them to 30 patients who had open gastrectomies. The patients in each group were matched for cancer stage, age, and gender, and had their surgeries during the same time period.

In addition to the benefits seen among the patients who underwent laparoscopic gastrectomy, researchers also observed that this approach enabled adequate lymph node retrieval, an important part of a complete cancer surgery in which nearby nodes are removed and then carefully examined for the presence of cancer cells to determine whether the cancer has spread. According to the authors, this finding addresses an ongoing controversy that questions whether removal of the lymph nodes and other oncologic features of the resection during laparoscopic gastrectomy are equivalent to open surgery, particularly given the technical demands of the minimally invasive approach and the learning curve required to perform an adequate resection.

"Laparoscopic gastrectomy is a technically advanced surgical procedure," Dr. Strong notes. "Patients considering it should go to hospitals with a high volume of gastric cancer cases, and choose a surgeon who has extensive experience performing the laparoscopic procedure."

MSKCC is one of the few National Cancer Institute-designated cancer centers with a specific program in treating cancers of the upper gastrointestinal tract, which includes the stomach. About 100 gastrectomies, both open and laparoscopic, are performed each year at MSKCC - one of the highest volumes of surgery for this relatively rare cancer of any center in the country. The first laparoscopic gastrectomy

performed at MSKCC was in 2001, and since 2005 more than 75 patients have had their stomach cancers treated laparoscopically.

Despite the fact that each year approximately 22,000 Americans are diagnosed with [stomach cancer](#), surgeons in the US have much less experience with laparoscopic gastrectomy than those in Korea and Japan, where many more cases of gastric cancer are treated and larger studies have been published demonstrating it to be a safe, effective, and well-accepted technique.

Source: Memorial Sloan-Kettering Cancer Center

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