

Improving postoperative quality of life in gastric cancer patients by a special reconstruction method

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Given equivalent results with regards to survival, the impact of anastomotic methods on QOL becomes even more important. There is still no consensus on how to choose a reconstruction method for proximal gastrectomy in patients with upper third gastric cancer.

A research article to be published in the *World Journal of Gastroenterology* on July 7, 2009 addresses this question. The research team led by Professor Xu from the State Key Department of General Surgery, Department of Surgical Oncology, First Affiliated Hospital of China Medical University, investigated QOL of 149 patients with upper third gastric cancer, who were treated with proximal gastrectomy with additional reconstruction.

QOL assessments that included functional outcomes (a 24-item survey about treatment-specific symptoms, largely gastrointestinal function) and health perception (Spitzer QOL Index) were performed in 149 patients with gastric cancer. When QOL for the three reconstruction methods was compared, the EA procedure showed the best postoperative QOL, such as recovery of body weight, less postprandial discomfort, and less heart burn or belching at 6 and 24 mo postoperatively. However, the survival rates and Spitzer QOL index were similar among the three groups.

These results demonstrated that, to avoid postoperative symptoms and

improve QOL for patients with upper third gastric cancer after proximal gastrectomy, the EA procedure using a stapler is a safe and feasible procedure for reconstruction.

More information: Zhang H, Sun Z, Xu HM, Shan JX, Wang SB, Chen JQ. Improved quality of life in patients with [gastric cancer](#) after esophagogastrostomy reconstruction. *World J Gastroenterol* 2009; 15(25): 3183-3190; www.wjgnet.com/1007-9327/15/3183.asp

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