

The influence of toracoscopic access to reduction of complications in patients surgically treated with esophageal cancer.

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Abstract

Introduction: One introduction of the directions of reducing perioperative complications in patients undergoing surgically treatment for esophageal cancer is performing surgical procedures using minimally invasive techniques. The most popular is thoracoscopic resection of the esophagus with the mobilization of the stomach by laparotomy and esophago-gastric anastomosis on the neck.

Methods: So far, a group of 40 patients who underwent surgical treatment of esophageal cancer have been collected. The patients were divided into two groups - the study group and the control group. The study group included 16 patients operated by thoracoscopic access, which accounts 40% of all patients with esophageal cancer, in the control group there were 24 patients operated by the classical access, which accounts 60% of all patients.

Results: Assessing previous experiences, the conversion rate from toracoscopic to classical access is 5%, mortality 7.5% and the incidences of postoperative complications 35%, including 42% pulmonary complications.

The most common postoperative complications include exudate to the pleural cavity was observed in 5 patients, respiratory failure in 3 patients, and necrosis of the substitute in 2 patients.

Postoperative complications were systematized in the Clavien-Dindo classification. 6 patients required transfusion of red blood cells (II), 3 patients required reoperation in the postoperative course - due to necrosis of the substitute of 2 patients, due to fistulas in the esophago-gastric anastomosis 1 patient (IIIb), 3 patients required ICU treatment due to prolonged postoperative respiratory failure (IVa). In the postoperative period 2 patients died (V).

Conclusions: In the current, incomplete interpretation, the results of the study suggest a more favorable perioperative course in patients with esophageal cancer treated with minimally invasive technique in comparison with traditional access without deterioration of the oncological quality of the procedure. Although the resection of the esophagus due to cancer from thoracoscopic access is technically demanding procedure, the number of esophageal resections performed with this technique in the world is systematically and dynamically increasing.

Kategoria: K4. Chirurgia kolorektalna – nowe metody i techniki operacyjne / Chirurgia minimalnie inwazyjna w nowotworach narządowych / Powikłania w chirurgii minimalnie inwazyjnej / Colorectal surgery – new methods and surgical techniques / Minimally invasive surgery in organ tumors / Complications in minimally invasive surgery