Reply to 090220: Re: ‘Predictive factors for surgical complications of laparoscopy-assisted distal gastrectomy for gastric cancer’ (Epub 31 Dec 08)

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In general, obesity influences the incidence of intraoperative and postoperative morbidity after gastric surgery. In our study, visceral fat area (VFA) and body mass index (BMI) also affected the incidence of morbidity after laparoscopically assisted distal gastrectomy (LADG), particularly among men.

As shown in our report, the experience of surgeons (<30 vs. ≥ 30 procedures) significantly affected the incidence of conversion to open surgery and tended to influence the incidence of postoperative complications by univariate analysis but not by logistic regression analysis. In other

words, the surgical learning curve affects the incidence of morbidities in LADG. Therefore, it is difficult for an inexperienced surgeon to manipulate the operative procedure appropriately for patients with high VFA and BMI.

In contrast, obesity may not be selected as an independent predictive factor for morbidity after sufficient experience with LADG. As mentioned earlier, we think the concept of the surgical learning curve has been included in this study. However, the correlation between morbidity and the surgical learning curve in LADG should be examined for many obese patients with gastric cancer.

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