Erratum to: Letter to the Editor: Minimizing the Access Trauma of Laparoscopic Sleeve Gastrectomy: the Transoral Specimen Extraction Technique

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The text, figure captions, and references were missing in the published letter to the editor. The complete letter to the editor follows:

Dear Editor:

We read with great interest the article by Marco Maria Lirici et al., titled “Minimizing the Access Trauma of Laparoscopic Sleeve Gastrectomy: the Transoral Specimen Extraction Technique” [1]. We appreciate them introducing the natural orifice specimen extraction (NOSE) technique that applied in laparoscopic sleeve gastrectomy (LSG).

We agree that the NOSE technique is able to minimize the access trauma of LSG in certain extent [1, 2]. But we have concerns in several aspects. By using the NOSE technique the authors used, there is a risk that tearing of the esophagus by the staples in the resected stomach may happen. There is also

possibility to damage of the blood vessels of the esophagus and cause bleeding. This risk can be even elevated when the size of the resected stomach is large. Besides, there is friction when extracting the stomach via the esophagus, there may have rupture of the esophagus and that may cause infection. All these result a contraindication of the NOSE that patients with large stomach size may not be suitable to use this technique.

In our experience, the specimen is always put into a retrieval bag to prevent the direct contact with the incision, so to decrease the incidence of site infection. The grasped specimen together with the retrieval bag can be either withdrawn via the 12-mm incision at the right side of the abdomen or at the umbilical incision. Then, the specimen is extracted from the incision gently to keep intact and avoid disruption (Figs. 1 and 2). After specimen extraction, the 12-mm incision is closed with hernia repair device to lower the chance of incisional hernia [3].

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Fig. 1 The grasped specimen is withdrawn via the 12-mm incision in a retrieval bag

This technique is also feasible in a 10-mm incision. Moreover, it can be more time saving than that of the NOSE.

In conclusion, specimen extraction is the last but important step in LSG that different surgeons may have different biases

Fig. 2 The extracted stomach is intact without disruption

on the methods. Large sample size and randomized controlled trial may be needed for comparison of the different methods.

References

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