Techniques of Reduced PRT Laparoscopy-Assisted Distal Gastrectomy (Duet LADG)

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ABSTRACT

Background. Reduced-port laparoscopic surgery for patients with early gastric cancer has been rarely reported. The aim of this study was to introduce techniques of the reduced-port laparoscopy-assisted distal gastrectomy (duet LADG) in patients with early gastric cancer.

Methods. Duet LADG was performed by two persons, an operator and a scopist. Three 10 mm ports were used on the umbilicus and both sides of the lower abdomen. The same laparoscopic instruments were used for duet LADG as for conventional LADG. After the liver was retracted with a 1-0 nylon suture, partial omentectomy with D1 + β or more lymph node dissection was made. After distal subtotal resection of the stomach, bowel continuity was restored by intracorporeal gastrojejunostomy using two linear staplers. A specimen was removed through the umbilical incision after the extension.

Results. A total of 30 consecutive patients underwent duet LADG from October to December 2013. The median age of the patients was 51 years (range 29–75 years), and their

median body mass index was 23.2 kg/m² (range 18.5–29.6 kg/m²). Sixteen (53.3 %) of 30 patients were female. Operating times for patients who received duet LADG were 121.2 $\pm$ 17.7 min. Blood loss during operations averaged 82 ml. The median number of dissected lymph nodes was 35 (range 24–66). There was no patient with fewer than 15 dissected lymph nodes. The rate of complications in patients who underwent duet LADG was 16.7 % (5 of 30 patients). Two patients (6.7 %) experienced ileus, and another 2 (6.7 %) patients experienced small bowel obstruction. One patient had pneumonia. There was no postoperative mortality.

Conclusions. Duet LADG for patients with early gastric cancer is feasible without the need for additional ports, any special devices, or an assistant.

DISCLOSURE The author declares no conflict of interest

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