ASO Author Reflections: Minimally Invasive Esophagectomy for Esophageal Cancer in the Prone and Lateral Position

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PAST

The conventional McKeown esophagectomy for esophageal cancer has been performed with right thoracotomy.¹ However, minimally invasive esophagectomy (MIE) for esophageal cancer has become a popular surgical treatment approach as well. Patients can be placed in several positions during MIE. Currently, thoracoscopic esophagectomy in the left lateral decubitus position (TEL) and thoracoscopic esophagectomy in the prone position (TEP) are frequently used.^{2,3}

PRESENT

Several studies have suggested that TEP might be a more practical and promising procedure than TEL, with less blood loss, fewer pulmonary complications, and increased lymph node harvest.⁴ However, few reports compared long-term survival of TEL versus TEP.⁵ In our study, TEP extended operation time, but reduced blood loss, reduced pulmonary complication, and increased lymph nodes harvest compared with TEL.⁶ TEP also provided equal oncological efficiency compared with TEL.

FUTURE

We may need to choose TEP in MIE for esophageal cancer. This is supported by the results of our study, which demonstrated that TEP provides equal oncological efficiency and reducing pulmonary complications compared with TEL.⁶ An alternate consideration is robotic-assisted minimally invasive esophagectomy (RAMIE), which is performed in the prone or semi-prone position. In the large-scale studies and meta-analysis, including TEL and TEP, these procedures are considered equal when long-term survival is analyzed. However, TEL and TEP need to be distinguished when short-term surgical outcomes, including pulmonary complications are analyzed.⁴

DISCLOSURES The authors report no conflicts of interest.

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