

# Vagotomy

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F. Holle, S. Andersson

# Vagotomy

Latest Advances with Special Reference  
to Gastric and Duodenal Ulcers Disease

Edited by

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With 124 figures, including 16 colored,  
and 51 tables



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\*) Where no other Author is Mentioned

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## Preface

This monograph is a summary of observations collected over the past ten years on vagal denervation of the stomach and the functional pathology of the vagotomized stomach.

It is primarily a continuation of the work we (Holle and Heinrich, 1954) began with fundectomy – the prototype of proximal denervation of the stomach. This was the starting point for the development of *selective proximal vagotomy* (SPV). Between 1961 and 1964 the SPV technique was developed to the extent that it could be applied clinically from January 1, 1964. Like most clinical innovations, the development took place in several stages. A report on the first 235 surgical cases (1961–1967) appeared in 1968 in F. Holle's *Special Surgery of the Stomach*, pp. 508–509, and in 1969 in *Surgery of the Stomach and Duodenum* by Harkins and Nyhus, 2nd edition, pp. 629–634. Since that time it has been possible to demonstrate on the basis of 1200 operated cases as well as animal experiments that the new technique we introduced represents a successful, nonresecting surgical treatment of gastric and duodenal ulcers. It is important to have a long series of *clinical cases from the same source*, because it is not until a large number of individual observations have been collected concerning complications of diagnosis, indications and technique that it is possible to analyse the relationships between them.

From our personal series of patients treated over more than ten years, we can today comment on the advances and results achieved with vagotomy in the period 1964 to 1974. Basically, our comments concern the elaboration of a *standardized technique for SPV* and several *typical variations of pyloroplasty*. The correct combination of these elements of surgical operation procedures enables some 90% of the situations encountered in the surgery of ulcers to be successfully dealt with manner adapted to both form and function.

The theoretical and experimental contributions on the physiology of gastric secretion and motility have created the scientific basis for clinical practice and encouraged further progress in functional surgery of the stomach. In particular, future clinical studies should comprise the necessary random studies, but these will not be worthwhile until all details of methodology and procedures have been clearly defined. This has not been the case so far. This work by presenting the useful foundation material for *clinical vagotomy concludes the innovation process. Ulcer surgery will then no longer be synonymous with gastric resection*. There will probably be other fields for the application of vagotomy, and some problems remain to be solved. However, with cooperation between surgeons and observant clinicians, it should soon prove possible to find an answer to the remaining questions.

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