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Solo single-incision pylorus-preserving gastrectomy with overlap gastro-gastrostomy for early gastric cancer**So Hyun Kang**

*Department of Surgery, Seoul National University Bundang Hospital, Seongnam, Korea

†Department of Surgery, Seoul National University College of Medicine, Seoul, Korea

Introduction: With the development of better surgical devices, there are several reports of successful multiport laparoscopic pylorus-preserving gastrectomy (PPG). However, due to the technical difficulties in lymph node (LN) 6 dissection with preservation of the infrapyloric vessels and intracorporeal gastro-gastrostomy (G-Gstomy), it has been challenging to apply single-incision laparoscopic surgery to PPG. In this report, the authors report their initial experience with solo single-incision pylorus-preserving gastrectomy (SIPPG).

Method: Six patients underwent solo SIPGG in a single center by a single surgeon. A scope holder was used instead of an assistant, and energy device with dual ultrasonic and bipolar actions was used for LN dissection (LND). The Intracorporeal triangular anastomotic technique (INTACT) and the novel overlap G-Gstomy technique was used for anastomosis.

Results: The mean operation time (range) was 136.7 (100 – 180) minutes, and there was no postoperative complication – including delayed gastric emptying – within 30 days of the operation. The mean number of retrieved lymph nodes (range) was 51.8 (39 – 81). No patients had wound complications, and the median discharge day (range) was 3.5 (3 – 7) days postoperatively.

Conclusion: Through the use of scope holders for stable vision, and the fine LND mode of the energy device, the challenges regarding LND in SIPPG can be overcome. The INTACT method was first applied to the G-Gstomy, but due to its demand for high surgical skills, the overlap method was used for G-Gstomy. Solo SIPPG with overlap G-Gstomy is safe and feasible with great cosmetic results and fast patient recovery.

viscaria@snuh.org