Annual meeting of Syrian Thoracic Association Damascus 28-30/9/2023 Dr.Hussain Chaban

INTRODUCTION

The minimally invasive oesophagectomy (MIO) technique, first introduced in 1995, has been repeatedly modified . Although MIO reportedly lowers intraoperative blood loss and reduces hospitalization time, while maintaining the oncological principles that are similar to open surgical technique

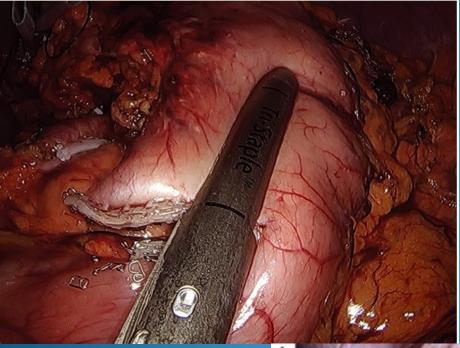
□ METHODS & PATIENTS

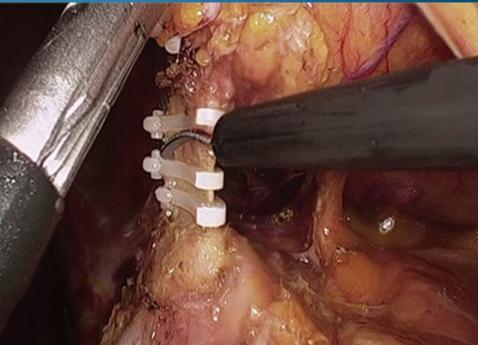
Retrospective study (2010 - 2022)
24 patients (18:male - 6:femal)
Age (53 - 82) median : 62 year
Tumor location (9 middle SCC - 15 lower AC)

• METHODS & PATIENTS

Laparoscopic gastric mobilization and

Right thoracotomy.







Result:

Total operative time : median (4.5 hour)
Abdominal operative time: median (2 hour)
Length of hospital stay : median (6 days)

Result: Postoperative death : (1)

Surgical complication:

- Anastomotic leak (o)
- Gastric necrosis (o)
- Chylothorax (o)
- Delayed gastric emptying (1)
- pleural effusion left (2)

Medical complication:

- Respiratory failure (o)
- ARDS (1)
- Cardiac arrhythmia (1 : SVT)
- Deep-vein thrombosis (o)
- Pulmonary embolus (o)
- Infectious complication (o)

The NEW ENGLAND JOURNAL of MEDICINE January 10, 2019

ORIGINAL ARTICLE

Hybrid Minimally Invasive Esophagectomy for Esophageal Cancer

C. Mariette,* S.R. Markar, T.S. Dabakuyo-Yonli, B. Meunier, D. Pezet, D. Collet, X.B. D'Journo, C. Brigand, T. Perniceni, N. Carrère, J.-Y. Mabrut, S. Msika, F. Peschaud, M. Prudhomme, F. Bonnetain,* and G. Piessen, for the Fédération de Recherche en Chirurgie (FRENCH) and French Eso-Gastric Tumors (FREGAT) Working Group⁺

RESULTS

From October 2009 through April 2012, we randomly assigned 103 patients to the hybrid-procedure group and 104 to the open-procedure group. A total of 312 serious

Result:

	open	hybrid
Postoperative death :	(2 / 104)	(1 / 103)
Major pulmonary complication:	(31 / 103)	(18 / 102)
Total operative time : median	(5,5 hour)	(5,5 hour)
Abdominal operative time: median	(1: 50 hour)	(2 hour)
Length of hospital stay : median	(14 days)	(14 day)

Result:

	open	hybrid
Surgical complication:		
- Anastomotic leak	(7 /103)	(11 /102)
- Gastric necrosis	(3 /103)	(2 /102)
- Chylothorax	(7 /103)	(5 /102)
- Delayed gastric emptying	(9 /103)	(3 /102)
Medical complication:		
- Respiratory failure	(10 /103)	(11 /102)
- ARDS	(7 / 103)	(8/102)
- Cardiac arrhythmia	(14 /103)	(12 /102)
- Deep-vein thrombosis	(1 /103)	(2 /102)
- Pulmonary embolus	(1 /103)	(1/102)
- Infectious complication	(29 /103)	(24 /102)

Minimally Invasive Versus Open Esophagectomy for Esophageal Cancer: A Population-Based Analysis

The Annals of Thoracic Surgery, Vol. 102, Issue 2, p416–423Published online: May 3, 2016]

Among 4,266 patients included, 1,308 (30.6%) underwent MIE. Compared with propensity-matched patients who underwent OE, patients who underwent MIE had significantly more lymph nodes examined (15 versus 13; p = 0.016) and shorter hospital lengths of stay (10 days versus 11 days; p = 0.046) but similar resection margin positivity, readmission, and 30-day mortality (all p > 0.05). Survival was similar between the matched groups at 3 years



Does the Approach Matter? Comparing Survival in Robotic, Minimally Invasive, and Open Esophagectomies

DOI: https://doi.org/10.1016/j.athoracsur.2018.08.039

5,553 patients that met criteria, 28.4% were MIE, 7.8% RAMIE, and 63.8% OE. From 2010 to 2015, an increasing trend was seen for both minimally invasive approaches. Both minimally invasive approaches had a significantly higher median lymph node counts ,the survival after 3 year and 5 year are similar.

Conclusions

- We found that hybrid minimally invasive esophagectomy resulted in a **lower incidence** of intraoperative and postoperative major complications, specifically **pulmonary complications**, than open esophagectomy.
- MIE have cited reduced perioperative morbidity, shortened hospital stay, and improved patient satisfaction when compared with traditional open esophagectomy.
- Minimally invasive approaches are becoming the preferred approach, with noninferior long-term results compared with OEs.

Thank you