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Better outcome in laparoscopic gastric ulcer perforation than laparotomy: Single center experience

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Perforated gastric ulcer is still the most common indication for emergency gastric surgery associated with high morbidity and mortality. Outcome might be improved by performing laparoscopy. The aim of this study was to evaluate the outcome of laparoscopy at Hasan Sadikin Hospital. The outcome laparoscopy approach and the associated morbidity and mortality, operation time, conversion rate and hospital stay were assessed and compared with laparotomy. There were 30 patients (24 males, 6 females) with perforated gastric ulcer with mean age 72.14, non-malignant cause was documented during January 2015-Desember 2015. Patients with Boey's score 0-1, ulcer diameter less than 2 cm at anterior site, underwent laparoscopic gastric perforation closure with omental patch and the rest were laparotomy. Observation from 15 patients underwent laparoscopy with no conversion, resulted in a better outcome from duration of operation 60-90 minutes (mean 79.57) than laparotomy 60-120 minutes (mean 85.73). Postoperative pain was found better outcome in laparoscopy VAS 3.93, laparotomy 6.27. Early diet was implemented in laparoscopy patients according to ERAS from POD one. Length of hospital stay in laparoscopy group was five days and 10-12 days (mean 10.5) in laparotomy. Incidence of surgical site infection was found in five patients, leakage from perforated site in six patients and mortality in six patients, all of them were found in laparotomy group. Laparoscopy closure of perforated gastric ulcer is a safe therapeutic method with strict selection of patient criteria. Based on low rates of morbidity and mortality, we should encourage laparoscopy implementation in gastric ulcer perforation case.

Biography

Purnama Andriana has completed his Digestive Surgeon education at Hasan Sadikin Hospital, Padjadjaran University, Indonesia. He attended many digestive surgery courses and fellowships, including Laparoscopic Colorectal Fellowship at Singapore General Hospital (2009), Minimal Invasive Surgery training at Academisch Medisch Centrum Amsterdam (2012) and, Endoscopy Laparoscopy training at Queen Mary Hospital, Hong Kong (2013). He has become Digestive and General Surgery Consultant Staff at Padjadjaran University, Indonesia.

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