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Robot-assisted transmediastinal radical esophagectomy

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Background: Surgical treatment is still main stream for esophageal cancer. In radical esophagectomy, three fields' lymph node dissection, cervical, mediastinal and abdominal regions, is standard procedure. Frequent complications after radical esophagectomy are well known. Japanese nation-wide database (National Clinical Database) shows that minimally invasive esophagectomy (MIE) as compared to the conventional open procedure, could not reduce the development of postoperative pneumonia. MIE was shown to fail to decrease the morbidity. Therefore, the prevention of post-operative complications, especially pneumonia, is most important issue yet.

Aim & Methods: With the aim of achieving lymph node dissection equivalent to the conventional procedure (open or VATS) and decreasing the development of post-operative pulmonary complications simultaneously, we developed the novel procedure, transmediastinal (non-transthoracic) radical esophagectomy by using da Vinci. It is the combination of transhiatal robotic manipulation for the middle and lower mediastinum and a video-assisted trans-cervical procedure for the upper mediastinum.

Results: That procedure has been performed in 68 cases with esophageal cancer, to date. Conversion to open thoracotomy was necessary in 1 case. No postoperative pneumonia occurred among 67 cases and the number of harvested mediastinal lymph nodes was equal to the conventional open surgery. Furthermore, the QOLs after surgery were observed to be better as compared to the conventional group.

Conclusion: Robot-assisted transmediastinal (non-transthoracic) radical esophagectomy offers a new radical procedure for esophageal cancer.

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