

Advancements in Minimally Invasive Surgery for Gastric Cancer: Short-term Outcomes of Laparoscopic and Robotic Distal Gastrectomy

Nova Elizabeth*

Department of Gastroenterology, Arcadia University, USA

Description

Minimally Invasive Surgery (MIS) revolutionizes gastric cancer treatment. Laparoscopic and robotic techniques offer patients less postoperative pain, faster recovery, and improved cosmetic results compared to open surgery. MIS ensures comparable oncological outcomes while minimizing surgical trauma and hospital stays. Its precision in lymphadenectomy enhances cancer control, making it a preferred option for patients seeking effective and less invasive treatment. As technology advances, MIS continues to refine, promising even better outcomes and quality of life for gastric cancer patients. Laparoscopic and robotic distal gastrectomy have emerged as preferred surgical approaches for treating gastric cancer due to their minimally invasive nature and promising outcomes. These techniques offer advantages such as reduced postoperative pain, shorter hospital stays, and faster recovery times compared to traditional open surgery. However, when considering short-term outcomes, several factors come into play that can influence the effectiveness and success of these procedures. One crucial aspect to examine is the perioperative outcomes, which encompass the events occurring around the time of surgery. Both laparoscopic and robotic distal gastrectomy had shown comparable results in terms of blood loss, operative time, and complication rates. Studies have demonstrated that these minimally invasive approaches result in less blood loss during surgery, reducing the need for blood transfusions and minimizing the risk of postoperative complications related to blood loss. Additionally, the operative time for laparoscopic and robotic procedures is generally longer than open surgery due to the time required for setting up equipment and performing precise movements. However, advancements in robotic technology have narrowed this gap, making robotic surgery more efficient and comparable to laparoscopic techniques. Another significant consideration is the extent of lymphadenectomy and oncological outcomes. Lymph node dissection is a crucial component of gastric cancer surgery as it determines the extent of disease removal and affects long-term survival. Both laparoscopic and robotic approaches have demonstrated equivalent

lymph node retrieval rates and oncological adequacy compared to open surgery. Studies have shown that these minimally invasive techniques achieve similar oncological outcomes in terms of tumor clearance and recurrence rates, providing patients with effective cancer control while minimizing surgical trauma. Postoperative recovery and short-term quality of life are vital aspects to assess following laparoscopic and robotic distal gastrectomy. Minimally invasive surgery offers several advantages in terms of postoperative pain control, early ambulation, and faster recovery compared to open surgery. Patients undergoing laparoscopic or robotic procedures experience less postoperative pain, requiring fewer pain medications and enabling quicker mobilization. This facilitates early resumption of oral intake and shorter hospital stays, leading to improved patient satisfaction and reduced healthcare costs. Furthermore, the cosmetic outcome is an important consideration for many patients undergoing gastric cancer surgery. Minimally invasive techniques result in smaller incisions and less visible scarring compared to open surgery, which can have a positive impact on patients' psychosocial well-being and body image. In summary, laparoscopic and robotic distal gastrectomy offer favorable short-term outcomes for patients with gastric cancer. These minimally invasive approaches result in comparable perioperative outcomes, oncological efficacy, and postoperative recovery compared to traditional open surgery. Advancements in surgical techniques and technology continue to improve the safety and feasibility of laparoscopic and robotic procedures, making them increasingly preferred options for gastric cancer treatment.

Acknowledgement

None.

Conflict of Interest

The author has no potential conflicts of interest.

*Corresponding author: Nova Elizabeth, Department of Gastroenterology, Arcadia University, USA, E-mail: NovaElizabeth7655@yahoo.com.

Citation: Elizabeth N (2024) Advancements in Minimally Invasive Surgery for Gastric Cancer: Short-term Outcomes of Laparoscopic and Robotic Distal Gastrectomy. J Gastrointest Dig Syst 14:794.

Received: 01-April-2024, Manuscript No. JGDS-24-134408; **Editor assigned:** 03-April-2024, PreQC No. JGDS-24-134408 (PQ); **Reviewed:** 17-April-2024, QC No. JGDS-24-134408; **Revised:** 22-April-2024, Manuscript No. JGDS-24-134408 (R); **Published:** 29-April-2024, **DOI:** 10.4172/2161-069X.1000794

Copyright: © 2024 Elizabeth N. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.