

The Anastomotic Technique of the Esophagogastrostomy after Laparoscopic Proximal Gastrectomy

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Purpose: There are several methods in the anastomotic technique after the laparoscopic proximal gastrectomy. However the anastomotic techniques of the esophagogastrostomy had several disadvantages including consumption of many staplers, large incision size, and the procedure was difficult. We successfully performed the laparoscopic assisted proximal gastrectomy and the esophagogastrostomy with gastric tube reconstruction or transoral anvil placement without pyloroplasty. Here, we describe our new procedure with a videotape.

Methods: We had experience with 7 cases using this technique, 4 cases were of malignant disease and 3 cases were of benign disease. In cases of malignant disease, we performed the esophagogastrostomy with gastric tube reconstruction in order to obtain enough resection margins. When the esophagogastrostomy was made with the circular stapler, the procedure of the inserting the anvil into the distal esophagus was difficult. So we designed a new technique of the transoral anvil placement.

Results: There were no morbidities or mortalities in this series. A fluoroscopic contrast study performed on postoperative day 4 did not reveal any perianastomotic leakage or pyloric stricture.

Conclusion: The laparoscopic technique for proximal gastrectomy with gastric tube reconstruction and transoral anvil placement is feasible and safe. And it could be a useful surgical option, especially for obese patients and those with an oversized left lateral segment of the liver.