

# Clinical benefit of Totally Laparoscopic over Laparoscopically Assisted Distal Gastrectomy with Roux-en-Y Reconstruction for Early Gastric Cancer

Tatsuya HASHIMOTO, Yuichi YAMASHITA, Ryosuke SHIBATA,  
Ippei YAMANA, Seiichiro HOSHINO

*Department of Gastroenterological Surgery, Faculty of Medicine, Fukuoka University*

**Abstract : Background.** Laparoscopic gastrectomy for early gastric cancer has become popular. Most laparoscopic gastrectomies were performed as laparoscopically assisted distal gastrectomy (LADG). Totally laparoscopic distal gastrectomy (TLDG) has increased. This study investigated the safety, feasibility and efficacy of TLDG. **Methods.** One hundred five cases were operated laparoscopically for early gastric cancer from January 2006 to 2009 March. This study compared patients that underwent Roux-en-Y reconstruction (8 LADGs and 28 TLDGs). The study examined the patient demographics, the clinicopathological characteristics of cancer, intraoperative data, and postoperative data.

**Results.** There were no significant differences the two groups in the operation time, blood loss, postoperative complications, time to oral intake and postoperative hospital stay. The length of the proximal margin from the primary cancer was significantly longer in the TLDG group. The wound length of minilaparotomy was significantly shorter in the TLDG group. **Conclusion.** TLDG is equally safe and effective in comparison to LADG. In addition, TLDG has advantages over LADG including cosmesis and a sufficient proximal margin.

**Key words :** Gastric cancer, Laparoscopically assisted distal gastrectomy, Totally laparoscopic distal gastrectomy, Roux-en-Y Reconstruction