

Laparoscopic Assisted Proximal Gastrectomy with an Esophago-gastric Anastomosis Using a Knifeless Endoscopic Linear Stapler

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Abstract

Laparoscopic surgery has been accepted as a standard option for early gastric cancer. Laparoscopic proximal gastrectomy with esophago-gastrostomy would be an ideal minimally invasive surgery for early gastric cancer of the upper third if gastroesophageal reflux could be properly prevented. A laparoscopic assisted procedure using a knifeless endoscopic linear stapler for the esophagogastric anastomosis was performed for three patients with early gastric cancer of the upper third. The postoperative course was uneventful in all patients. No patients exhibited symptoms suggestive of acid reflux, such as heartburn, chest pain, or chronic cough. The mean percent body weight loss at 12 months in comparison to the preoperative weight was 5.3%. The body weight of patients who underwent laparoscopic assisted proximal gastrectomy recovered more quickly than those who underwent laparoscopic total gastrectomy which performed during the same period. This procedure was therefore found to be a feasible modality for early gastric cancer of the upper third of the stomach.

Key words: Proximal gastrectomy, Laparoscopic surgery, Gastric cancer, Linier stapler