



## Editor's Perspectives – January 2019

In the December 2018 Issue of the Editor's Perspectives, I talked about how laparoscopic surgery took off after the first successful laparoscopic cholecystectomy was carried out by a general surgeon. This was followed by rapid development of laparoscopic surgery in almost every specialties and subspecialties in surgery.

There have been further developments in laparoscopic surgery. The developments include:

1. Needlescopic surgery – this was introduced as an alternative to conventional laparoscopic surgery as needlescopic surgery uses smaller instruments, thereby potentially reducing postoperative pain, hospital stay and improving cosmesis;
2. Single incision laparoscopic surgery with its subtypes. The aim is to decrease the number of incisions for ports down to one, thus potentially decreasing access trauma with improving cosmesis;
3. Laparoscopic surgery through a natural orifice, thus avoiding any skin incision for access to the peritoneal cavity;
4. Robotic surgery – the aim is to decrease the operative difficulty encountered in laparoscopic surgery.

I shall talk about these further developments in laparoscopic surgery in the later issues of the Editor's Perspectives.

In this January Issue of the International Journal of Surgery, there are 3 articles using systematic reviews and meta-analyses. The first article entitled "Laparoscopic vs. open left lateral sectionectomy: An update meta-analysis of randomized and non-randomized controlled trials" concluded that the laparoscopic approach is associated with reduced blood loss, lower blood transfusion rates and shorter length of in-hospital stay and should be considered the gold standard for left lateral sectionectomy. The second article designed to evaluate the effectiveness and safety of Bifidobacterium in preventing necrotizing enterocolitis (NEC) in preterm infants concluded that the use of Bifidobacterium may have a beneficial effect and is safe. The third article is a meta-analysis on "Virtual reality simulator versus box-trainer to teach minimally invasive procedures". The study concluded that virtual reality simulator training was better than box-trainer in participant performance scores when performing minimally invasive surgery and in the time needed to complete the basic task of peg transfer. In all other outcomes, the two forms of training were equivalent.

There are three comparative studies. The first study is a randomized controlled trial designed to find out whether there was "Additional effect of perioperative, compared with preoperative, immunonutrition after pancreaticoduodenectomy". The study concluded that there were no additional effects on postoperative immunity and infectious complications. The second study used propensity score-matching on a

retrospective cohort of patients to compare transperitoneal laparoscopic versus open adrenalectomy for large pheochromocytoma of  $\geq 6$  cm. The study concluded that laparoscopic adrenalectomy was superior to open adrenalectomy in short-term postoperative outcomes, with comparable long-term oncological outcomes. The third is a retrospective case-controlled study comparing the surgical outcomes of renal transplant recipients. Patients after renal transplantation undergoing graft-unrelated abdominal surgery had a significantly increase in mortality risk, a higher reoperation rate and a longer in-hospital stay than non-transplanted patients.

There is a secondary analysis of a randomized controlled trial entitled "Let the patient decide – Person-centered postoperative follow-up contacts, initiated via a phone app after day surgery". Readers who are carrying out Day Surgery should read this article to learn more about how follow-up contacts should be initiated, when and why, after day surgery.

There are three cohort studies. The first is a prospective study on a novel hybrid fixation using percutaneous anterior pelvic bridge and K-wire for treatment of traumatic pelvic ring injury. The second is a prospective study on impact of portal vein embolization on long-term survival and risk of cancer recurrence in patients with colorectal liver metastases. The remaining study is a retrospective study on 1216 adult patients treated at a level I trauma center for severe isolated traumatic brain injury. The most important finding of this study is when the patient's systolic blood pressure was lower than the heart rate, the prognosis was poor.

The last two articles should be read together. The first one is an Editorial describing two commonly used operative techniques in bariatric surgery – the mini-gastric bypass (MGB) first started by Rutledge in 1997 and the One-Anastomosis Gastric Bypass (OAGB) variant first performed by Carbajo in 2002. The second article entitled "The Mini-Gastric Bypass original technique" was first-authored by Robert Rutledge, the originator of this operation.

There are not too many articles in this January Issue of the Journal, but these articles are of very high standards. By the time you read this Editor's Perspectives, we should be in the year 2019.

May I take this opportunity to wish everyone a most joyful and successful year to come!

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