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Editor's Perspectives – February 2019

In the January 2019 Issue of the Editor's Perspectives, I talked about the 4 major areas of further development in laparoscopic surgery: needlescopic surgery, single incision laparoscopic surgery with its subtypes, laparoscopic surgery through a natural orifice, and robotic surgery.

In this February Issue, I am going to talk more on needlescopic surgery. What is needlescopic surgery? Needlescopic surgery, also called mini-laparoscopic surgery, emerged as an option to laparoscopic surgery with the aims of minimizing scars, limiting tissue trauma and improving cosmesis. The surgery is performed with 2- and 3-mm instruments. Previous published studies have demonstrated the feasibility and safety of various needlescopic procedures including appendicectomy, cholecystectomy, Nissen fundoplication, thoracic sympathectomy, nephrectomy and renal cyst marsupialization and orchiopexy [1]. A systematic review with meta-analysis looking at the benefits of needlesocpic surgery over conventional laparoscopic surgery concluded that needlescopic cholecystectomy and appendicectomy procedures were associated with less postoperative pain and improved cosmesis. The only trade-off appeared to be a longer operative time [2]. However, larger studies using standardized assessment tools are necessary to confirm or refute these findings. There are some technical problems that needlescopic surgery need to overcome, including resection of large tumours and their specimens retrieval through a small incision, dissection of dense adhesions or severe inflammation, and control of large-sized vessels. The currently available medical evidence to support whether needlescopic surgery can make a real difference for the patient when compared with conventional laparoscopic surgery remains unanswered. Better designed large-scale comparative studies are required to demonstrate that the benefits of needlescopic surgery including less pain, faster recovery, shorter hospital stay and better cosmesis when compared with conventional laparoscopic surgery is not off-set by the longer operative time. Thus, "is smaller necessarily better" remains a question [1] which advocates of needlescopic surgery need to answer before needlescopic surgery can be widely adopted by surgeons.

In this February Issue of the International Journal of Surgery, there is an Editorial on "The birth of the Caribbean Society of Endoscopic Surgeons". This is a historical article describing this Society from its conception, to its birth and its future development. Congratulations! The International Journal of Surgery is looking forward to close collaboration with this Society on academic activities.

As usual, there are many systematic reviews and meta-analyses in this February Issue. Most interestingly, these are 3 articles using network meta-analyses. The first article entitled "Identifying the superior surgical procedure for endometrial polypectomy: A network meta-analysis" concluded that hysteroscopic morcellation for endometrial polypectomy was superior to the 4 other types of procedures. The second network meta-analysis investigated the "Optimal strategies for the prevention of heterotopic ossification after total hip arthroplasty" and concluded that radiation was the most effective method in the prevention when compared with non-selective non-steroidal anti-inflammatory drugs (NSAIDs), selective NSAIDs and placebo. The third article entitled "Is Shouldice the best Non-Mesh inguinal hernia repair technique? A systematic review and network meta-analysis of randomized controlled trials comparing Shouldice and Desarda" concluded that the Desarda hernia repair was a valuable alternative to Shouldice repair for treatment of primary inguinal hernia if a non-mesh technique was chosen.

There are 2 systematic reviews and meta-analyses. The first article is entitled "S-1 combined with paclitaxel may benefit advanced gastric cancer: Evidence from a systematic review and meta-analysis". The study concluded that S-1 combined with paclitaxel was a good choice for patients with advanced gastric cancer. This combination had better efficacy and safety than S-1 alone or S-1 combined with other drugs. The second article entitled "Open mesh versus suture repair of umbilical hernia: Meta-analysis of randomized controlled trials" concluded that mesh repair significantly decreased recurrence than suture repair of umbilical hernia.

There are 2 randomized controlled trials. The first trial on "Evaluation of laparoscopic-guided rectus sheath block in gynecologic laparoscopy" concluded that this procedure when carried out for umbilical incisions after laparoscopic gynecology was easy and safe. However, this procedure did not significantly reduce the postoperative pain score at rest or during coughing after gynecological laparoscopy when compared with the control. The second article is on "Preventive intramuscular phenylephrine in elective cesarean section under spinal anesthesia". This randomized controlled trial concluded that this procedure exhibited a better neonatal acid-base status and more stable maternal hemodynamics in elective cesarean under spinal anesthesia than preventive intravenous use of phenylephrine and placebo.

A cross-sectional database study from China looking at the practical pattern of surgical timings of childhood cataract concluded that the timings of cataract extraction and intraocular lens implantation varied mainly with age and laterality.

There are two retrospective cohort studies. The first one is on the feasibility of myomatous tissue extraction in laparoscopic surgery by contained in-bag morcellation. The remaining one is on evaluating the effects of surgical subspecialization on patient outcomes following emergency laparotomy.

There are 6 Letters to the Editor, with one being initiated by the authors. This letter is entitled "Robotic surgery: Is the technological advance worth the bravado?", a very interesting letter to go through. The second letter "Tackling the orthopaedic stereotype using medical student representatives – A grassroots approach" is written in response

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to the article by Hourston GJM, et al. on the need to tackle the orthopaedic stereotype published in Int J Surg 2018;56:281-2. The authors concluded that a grassroots approach utilizing medical student representatives in national orthopaedic associations may represent a sustainable solution to tackling the misconceptions to medical students of orthopaedic surgeons being "all brawn and no brains". The remaining 4 letters are all related to rectal surgery. The first letter commented on the paper by Lynes K, et al. entitled "Anterior Perineal PlanE for ultra-low Anterior Resection of the rectum (APPEAR) technique: A systematic review" and the second letter is the reply by Lynes K, et al. The third letter commented on the article "Trans-anal or Trans-abdominal total mesorectal excision? A systematic review and meta-analysis of recent comparative studies on perioperative outcomes and pathological results" (Int J Surg 2018;60:113-9). The fourth letter was a Reply to the Reply Letter to: A Letter to the Editor on "Anterior perineal plane for ultra-low anterior resection of the rectum (APPEAR) technique: A systematic review" — Transphincteric rectal resection techniques should be considered. It is interesting not only to me, but to the readers of this Journal who are non-colorectal surgeons to note that surgery on ultra-low rectal cancer has developed so much and has created controversies even amongst experts in this field of surgery. I welcome academic discussions like these on articles that our Journal has published, and on any other controversial topics that you would like to bring to the attention of our readers.

I am sure that you would agree with me that the quality of the published articles in the International Journal of Surgery has improved by cutting down on publishing low-quality retrospective studies. I hope the impact factor of the Journal will go up with this change in policy made by the Editorial Board.

References

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