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# Editor's Perspectives – March 2019

After my discussion on needlescopic surgery, one of the four major areas of further development in laparoscopic surgery in the February 2019 Issue of the Editor's Perspective, I am going to talk about the second major area of development: single incision laparoscopic surgery and its subtypes.

The main aim of single incision laparoscopic surgery is to decrease the number of incisions for the port sites, which hopefully leads to less access trauma. There are other names which have been attached to single incision laparoscopic surgery, including **L**aparo**E**ndoscopic **S**ingle-site **S**urgery (or LESS) and **S**ingle **I**ncision **L**aparoscopic **S**urgery (or SILS). There are three subtypes of Single Incision Laparoscopic Surgery:

- Single-Port Surgery – A single port which has multiple channels for various instruments to put in through a single incision.
- Single-Access Multiple-Port Surgery – Through a single incision, multiple ports are put in and each port is designed to allow a single instrument to put in.
- **N**atural **O**rifice **T**rans**U**mbilical **S**urgery (or NOTUS) or **E**mbryonic **N**atural **O**rifice **T**ransumbilical **E**ndoscopic **S**urgery (or ENOTES) – To make a single incision below the umbilicus to make the subsequent subumbilical scar less obvious.

The main limitation of Single Incision Laparoscopic Surgery and any of its subtypes is the surgical difficulty encountered in the narrow triangulation during manipulation of the surgical instruments in the two hands of the operating surgeon. I shall talk about the concept of triangulation, the technical difficulties encountered in operations relating to suboptimal triangulation, and the possible solutions to improve on the ease of operation in the April Issue of the Editor's Perspectives.

As usual, the March Issue 2019 of the International Journal of Surgery is full of meta-analyses and systemic reviews.

Of the two meta-analyses, the first one is a "Comparative assessment of the efficacy of gross total versus subtotal total resection in patients with glioma". The study concluded in support of gross total resection on survival, functional outcomes, tumor progression, seizure control, malignant transformation, morbidity and mortality in patients with glioma. The second meta-analysis is on "The efficacy and safety of modified Robert Jones bandage in total knee arthroplasty". The meta-analysis suggested, in contrast to the published articles which showed improved outcomes of blood loss, pain and swelling, the use of modified Robert-Jones bandage was not necessary after total knee arthroplasty.

A systematic review and meta-analysis on "Intramedually versus extramedullary fixation for the treatment of subtrochanteric fracture" showed the former fixation technique to be superior to the latter technique in terms of shorter operative time, less intraoperative blood loss, shorter length of incision, shorter length of hospital stay, better functional outcomes, and lower rates of fixation failure and reoperation. A systematic review and network meta-analysis on the "Effects of four major brain protection strategies during proximal aortic surgery" concluded that deep hypothermic circulatory arrest with retrograde cerebral perfusion, and moderate hypothermic circulatory arrest plus antegrade cerebral perfusion seemed to be the appropriate brain protection strategies during proximal aortic surgery.

There is a "Systematic review of current prevention and treatment strategies for BK virus associated haemorrhagic cystitis". The study concluded that there remained no clear specific treatment for BK virus-associated haemorrhagic cystitis. An effective multi-disciplinary approach leading to early recognition and initiation of treatment was recommended. Finally, there is a review on the "Clinical pharmacist perspectives for optimizing pharmacotherapy within Enhanced Recovery After Surgery (ERAS) programs". This is an interesting review article to all clinicians who are interested in perioperative enhanced recovery programs after surgery.

For the articles under Original Research, there is a randomized controlled trial comparing "The effect of transversus abdominis plane block on acute and chronic pain after inguinal hernia repair"; an observational study on "The effect of surgical versus transcatheter aortic valve replacement on endothelial function"; a retrospective cohort study on the "Evaluation of the effects of absorbable and non-absorbable tacks on laparoscopic suprapubic hernia repair"; and a retrospective cohort study on the "Trends and Outcomes in Laparoscopic versus Open Surgery for Rectal Cancer from 2005 to 2016 using the ACS-NSQIP Database".

There are two Letters to the Editor. The first letter is a Letter to the Editor commenting on the article "Development and validation of a nomogram predicting the probability of type A aortic dissection at a diameter below 55 mm: A retrospective cohort study", and the second letter is the Reply Letter to this previously mentioned letter.

As I have repeatedly mentioned that the change in the Editorial Policy of our Journal has resulted in less number, but better qualities of articles being published.

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