

## Editor's Perspectives – April 2019

In the March 2019 Issue of the Editor's Perspectives, I talked about the second major area of development in laparoscopic surgery: single incision laparoscopic surgery and its subtypes. I briefly introduced the concept of triangulation in laparoscopic surgery. The main limitation of Single Incision Laparoscopic Surgery and any of its subtypes is the technical difficulty encountered in the narrow triangulation during manipulation of surgical instruments by the two hands of the operating surgeon. The ideal working position in laparoscopic surgery for a surgeon is to have his operating line and his visual line placed on the same plane which is at shoulder length from the two operating ports. The surgeon operates through the ports with his arms on the two sides of his body and with his elbows flexed at about right angles (Fig. 1). In Single Incision Laparoscopic Surgery and its subtypes, the two operating ports are very close to the operating line making a very narrow triangulation of the operating instruments. This increases the difficulties in surgery. This problem can be partly solved by using flexible laparoscopes or instruments through the ports. I shall talk about Natural Orifice Transluminal Endoscopic Surgery, or NOTES in short, in the coming issues of the Editor's Perspectives.

In this April Issue of the International Journal of Surgery, there is only one systematic review and meta-analysis. This study, entitled "The impact of laryngeal mask versus other airways on perioperative respiratory adverse events in children", concluded that laryngeal mask airways reduced the incidence of perioperative respiratory adverse events in children and should be used as one of anaesthesia methods for children.

There are two randomized comparatives studies. The first study was conducted on "Warfarin versus aspirin to prevent portal vein thrombosis after laparoscopic splenectomy and azygoportal disconnection". This study on cirrhotic patients concluded that warfarin was safe and effective, and significantly reduced the risk of portal vein thrombosis after laparoscopic splenectomy when compared with aspirin. Warfarin

was also associated with better protection of liver and renal functions than aspirin. Another randomized comparative study evaluated the clinical role of a technique in protecting the blood supply to the superior parathyroid in surgery for thyroid cancer when compared with the conventional technique. The study showed the protective technique was effective in reducing the incidence of temporary postoperative hypoparathyroidism.

There are four retrospective studies. The first study found the rates of postoperative hyperglycemia in patients undergoing cytoreductive surgery and heated intraperitoneal chemotherapy, which was likely to be due to a stress response, to be high. The second study on the role of preoperative CEA in the management of colorectal cancer found CEA remained to be a reliable predictor of recurrence and survival after curative surgery. The third study on the readmission and reoperation rates following negative diagnostic laparoscopy for clinically suspected appendicitis concluded that a macroscopically normal appendix during laparoscopy should not be removed in patients with clinically suspected appendicitis. The high readmission rates warranted the need for further investigations and follow-ups. The fourth study evaluated the epidemiology, management and outcomes for perforated peptic ulcers across the North of England over 15 years concluded that the 30-day mortality and length of hospital stay improved significantly over the study period. The laparoscopic approach was increasingly utilized and was an independent significant factor associated with improved mortality. Management by upper-gastrointestinal specialists increased the rates of laparoscopy, with fewer conversions to open.

A very special feature of this April Issue of the International Journal of Surgery is the large number of Letters to the Editor. I do not know whether these eleven Letters reflects the great interest of our readers on some of the published articles, or these Letters were put together by the Publisher in a single issue of the Journal for the sake of convenience. The topics for these Letters are Safe laparoscopic cholecystectomy: A

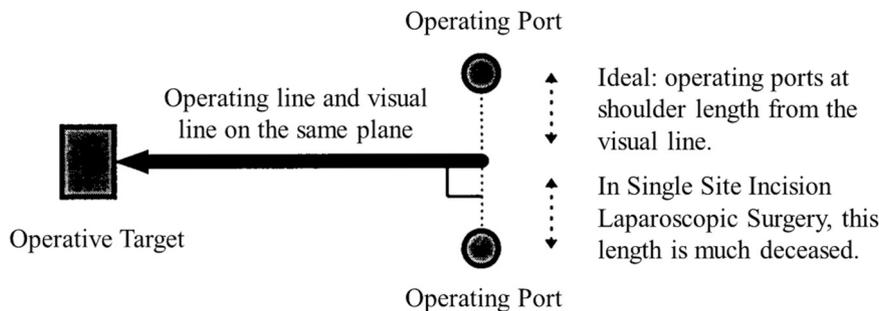


Fig. 1.

systematic review of bile duct injury prevention: is there a place for MRCP (Comments and reply); Emergency general surgery – is there any value in a ‘100 most cited’ list? (Comments and reply); Lymph node harvest in rectal cancer patients with good tumor regression grade: Time to set a new cut-off point? (Comments and reply); Liposomal bupivacaine reduces narcotic use and time to flatus in a retrospective cohort of patients who underwent laparotomy (Comments and reply); Why transsphincteric rectal resection techniques could not attain to their deserved place in sphincter-saving lower rectal cancer surgery despite their locoregional oncological advantages? (Comments); Is opening-wedge high tibial osteotomy superior to closing-wedge high tibial osteotomy in treatment of unicompartmental osteoarthritis? A meta-analysis of randomized controlled trials (Comments); and Errors in a meta-analysis on vitamin C and post-operative atrial fibrillation (Comments).

Finally on the request of the author, a corrigendum to “After a

decade of published standards in record keeping – Where are we?” was made by the Journal on one of the missing names of the authors from the abstract and another one on one of the initials of the authors.

This April Issue of the International Journal is exceptional in that it has only one meta-analysis and eleven Letters to the Editor. To maintain the good quality of the Journal, I appeal to our readers to send in good quality systematic reviews, meta-analyses, randomized controlled trials and other original researches to us.

Joseph W.Y. Lau (MBBS(HK), FRCS(Edin), FRCS(Glasg), FRCS(Eng), FACS, Hon FRACS, Hon FCSHK, FHKAM(Surgery), MD, DSc.)  
*Academician of the Chinese Academy of Sciences, Choh-Ming Li Research Professor of Surgery, Faculty of Medicine, The Chinese University of Hong Kong*

*E-mail address:* [josephlau@cuhk.edu.hk](mailto:josephlau@cuhk.edu.hk).