



Editorial

Editor's perspectives – May 2019



Natural Orifice Transluminal Endoscopic Surgery (NOTES) has been referred to by many surgeons as “scarless surgery” as the operation is carried out through a natural orifice of the body without any skin incision. For NOTES of the abdominal cavity, the two most commonly approaches are the transvaginal and the transgastric routes. Ott in 1901 carried out the first transvaginal endoscopic examination of the abdominal cavity [1]. This procedure then went through a stage of hybrid operation by combining laparoscopic and transvaginal approaches before NOTES was finally developed [2]. NOTES has now been reported on many operations through various natural orifices of the body, and the list of operations reported is still growing [3].

The main limitations of NOTES are:

- (1) The transvaginal route to the abdominal cavity is safer than the transgastric route, but it can only be used in some female patients;
- (2) Complete closure of the transvaginal access wound is technically not easy;
- (3) The transvaginal route has a relatively higher chance of septic complication rate;
- (4) The operation is technically demanding.

For these reasons, NOTES is still not popular among surgeons.

In this May Issue of the International Journal of Surgery, there are seven systematic reviews and meta-analyses. The first study comparing “Laparoscopic versus open gastrectomy for high-risk patients with gastric cancer” concluded that laparoscopic gastrectomy was as safe and feasible as open gastrectomy. Another study reviewing on the “Safety and feasibility of laparoscopic liver resection for patients with previous upper abdominal surgery” concluded that laparoscopic liver resection was feasible and safe in selected patients when compared with patients who underwent primary resection, although the operative time was longer. A third article showed “Fatty liver disease was associated with the severity of acute pancreatitis”. The fourth study showed “Overexpression of CXCR4 to be a valuable risk factor of pancreatic ductal adenocarcinoma”, and it was a strong prognostic marker correlated with the risks of lymph node involvement and distant metastasis in these patients. The fifth study determined the “Optimal duration of compression stocking therapy following endovenous thermal ablation for great saphenous vein insufficiency” and found that compression therapy for 1–2 weeks was better than 1–2 days in postoperative pain at 1 week and recovery off work. The sixth study demonstrated “The significance of probiotics in preventing radiotherapy-induced diarrhea in patients with cervical cancer”, especially for Grade ≥ 2 or 3 diarrhea. The treatment was safe and rarely caused severe adverse events. Finally, a study showed “Fascia iliaca compartment block reduced pain and opioid consumption after total hip arthroplasty”.

A review on “Quality metrics in coronary artery bypass grafting”

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concluded the association among care quality, case volume and outcomes. Consistent adherence to quality measures improved mortality rates and outcomes. However, the quality metrics were not well-defined and their significance to surgeons and healthcare providers remained uncertain.

Of the six comparative studies, two are randomized comparative studies. The first study compared the role of thymus preservation in parathyroid gland function and surgical completeness after bilateral central lymph node dissection for papillary thyroid cancer. The study concluded that thymus preservation protected parathyroids and promoted rapid resolution of hypoparathyroidism, but it had no effects on oncologic completeness of total thyroidectomy with bilateral central lymph node dissection. The second study compared the efficacy and safety of multiple doses of oral tranexamic acid on blood loss, inflammatory and fibrinolysis response following total knee arthroplasty and concluded that multiple postoperative doses of oral tranexamic acid reduced blood loss and drop in hemoglobin and hematocrit, and diminished postoperative inflammatory and fibrinolytic responses in primary total knee arthroplasty, with no increase in incidence of complications. A propensity score-matched study comparing robotic with open resection of benign nonadrenal retroperitoneal tumors showed robotic surgery to be associated with less estimated blood loss, and a shorter postoperative hospital stay than open surgery even for tumors which were larger and more adherent to major vessels. Of the remaining 3 comparative studies, two are retrospective case-control studies. The first study compared “Preoperative exposure to anti-tumor necrosis factor therapy in ulcerative colitis patients undergoing ileal pouch-anal anastomosis”. The results showed no significant differences in the degree of histologic fibrosis in any of the bowel layers compared with the matched control group. The second study on the “Level of pancreatic division and postoperative pancreatic fistula after distal pancreatectomy” showed no clinically relevant postoperative pancreatic fistula and postoperative diabetes to be affected by the pancreatic division level. The last comparative study is a retrospective study comparing the outcomes of distal femoral fractures treated with minimally invasive plate osteosynthesis versus open reduction internal fixation with combined locking plate and interfragmentary screws. The results showed the latter procedure to achieve better stability and a faster time to full weight bearing than the former method.

For original research studies, there are a nationwide cohort study on the long-term outcomes in patients with traumatic renal injury after nephrectomy; a prospective study on the advantages of adding rib fixations during VATS for retained hemothorax in serious blunt chest trauma; a retrospective study on patients with anterolateral ligament rupture after an anterior cruciate ligament reconstruction; a cohort study on the role of exclusive enteral nutrition in preoperative optimization of laparoscopic surgery for patients with Crohn's disease; a

retrospective tumor marker prognostic study on preoperative plasma fibrinogen levels in patients with upper urinary tract urothelial carcinoma; a Dutch cohort study on the repair of complex abdominal wall hernias with a cross-linked porcine acellular matrix; and a retrospective study on one-stage posterior debridement, non-structural bone graft in the surgical treatment of a single segment thoracic tuberculosis.

There are two Letters to the Editor. The first letter commented on the article entitled “Evaluation of the BISAP scoring system in prognostication of acute pancreatitis. A prospective observational study”. The second letter commented on Mentoring.

There are a lot of excellent articles in this May Issue of the Journal. I am sure some of these articles are of interest for you to go through.

References

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