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Editorial

Editor's perspectives – June 2019



Robotic surgery is a type of minimally invasive surgery which is done using a robotic system. Like the other types of minimally invasive surgery, miniaturized surgical instruments are used. The world's most commonly used and the most advanced surgical robot is the da Vinci Si. The surgeon operates through miniaturized instruments which are mounted on separate robotic arms. A magnified high-definition 3-D camera provides the visual field during the procedure. The surgeon controls the instruments and the camera from a console located in the operation room. Every movement he makes with the master controls is replicated by the robot.

The advantages of robotic surgery over conventional laparoscopic surgery include 3-D visualization, improved dexterity, seven degrees of freedom, ergonomic position, and elimination of fulcrum effect and physiologic tremors. Robotic surgery can allow tele-surgery. The disadvantages include absence of touch sensation, and very expensive with a high start-up cost.

In this June Issue of the International Journal of Surgery, there is a Perspective on the "History of the mini-gastric bypass (BGB) and the One-Anastomosis Gastric Bypass (OAGB). This is an interesting article for clinicians who are interested in the development of bariatric surgery, especially when this article was written by Dr. Mervyn Deitel for the MGB-OAGB Club.

As usual, there are many articles on meta-analyses and systematic reviews. A systematic review and network meta-analysis comparing treatments for faecal incontinence concluded that no differences were identified in incontinence episodes and no treatment ranked best persistently or persistently improved outcomes. Many of the included treatments did not significantly benefit patients compared to placebo. A Bayesian network meta-analysis on the different therapeutic regimens in treatment of metastatic prostate cancer concluded that local therapy was better than no local therapy. Radical prostatectomy had a relatively lower cancer specific mortality or all-cause mortality than radiation therapy, whereas brachytherapy was superior to radical prostatectomy for overall survival. A meta-analysis on teriparatide versus bisphosphonates for treatment of postmenopausal osteoporosis showed that teriparatide was more effective in reducing the risk of vertebral fracture, and increased the bone mineral density in lumbar spine and femoral neck on long-term treatment. A meta-analysis on the efficacy of fascia iliaca compartment block for pain control after hip arthroplasty

showed the block to have morphine-sparing effects when compared with the control. Another meta-analysis on supine versus prone position for percutaneous nephrolithotripsy for renal or upper ureteral calculi showed comparable stone-free rate but a significantly lower rate of postoperative fever with the supine position. A systematic review on the diagnostic accuracy of hematological parameters in acute mesenteric ischemia (AMI) concluded that no single marker could be used to diagnose AMI. Last but not least, a critical review of thyroidectomy consents in the United Kingdom showed that a BAETS (British Association of Endocrine and Thyroid Surgeons) approved consensus guideline would be appropriate to standardize consent practice in the United Kingdom.

Of the articles in original research, there is a cross-sectional analysis based on the data of a trauma registry involving 2407 patients, a retrospective cohort study using the SEER database on pancreatic neuroendocrine tumors, a cohort study on the risk factors and reasons for cancellation within 24 hours of scheduled elective surgery in an academic medical center, a retrospective cohort study on the impact of adjuvant chemotherapy on oncologic outcomes following radical nephroureterectomy for pT3NanyM0 upper tract urothelial carcinoma, and a retrospective study on the prediction of lymph node metastatic status in patients with superficial esophageal squamous cell carcinoma using an assessment model combining clinical characteristics and pathologic results.

There are two Letters to the Editor. The first Letter commented on the article "Sarcopenia and sarcopenic obesity significantly associated with poorer overall survival in patients with pancreatic cancer: Systematic review and meta-analysis" and the second Letter is the Reply Letter to this Letter.

Again, this June 2019 Issue of International Journal of Surgery is full of excellent articles covering most fields of surgery. Please enjoy going through the articles which appeal to your taste.

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