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Editorial

Editor's perspectives – July 2019

In the Editor's Perspectives of this month, I shall stop discussing on the topics on minimally invasive surgery and to start talking on "non-invasive surgery".

A non-invasive procedure is a procedure that does not require incision into the body or the removal of tissues [1]. Non-invasive surgery involves treatment of a patient using a non-invasive procedure. The pathological lesion is localized using a non-invasive technique, e.g. ultrasound, magnetic resonance imaging or computed tomography, and the lesion is treated by converging energy waves which pass safely through tissues of a patient's body in different pathways. It is only where the energy waves converge is the targeted lesion heated to a temperature high enough to cause thermal ablation, or irradiated enough to cause cell death [2], or accumulated enough shock wave energy to cause stone fragmentation [3]. In addition to localizing lesions, non-invasive imaging technologies have also been developed to enable high resolution of patient anatomy, monitoring of the treated lesion or providing real time monitoring thermometry. Several areas of non-invasive surgery have developed into clinical use. I shall talk about these areas in the future issues of the Editor's Perspectives.

In this July Issue of the International Journal of Surgery, there are two systematic reviews with meta-analyses. The first one involved the "comparison of platelet rich plasma and corticosteroids in the management of lateral epicondylitis". The study, after reviewing seven randomized controlled trials which involved 515 patients, concluded that local injections of platelet rich plasma were associated with significantly better outcomes in pain relief and in elbow joint function at a follow-up of 6 months compared with local corticosteroid injections. The second systematic review and meta-analysis comparing "passive drainage to gravity and closed-suction drainage following pancreatoduodenectomy on grade B and C postoperative pancreatic fistula rates" concluded that no significant difference in short-term clinical outcomes could be identified between the two types of drainage.

There are 3 comparative studies. The first study is a propensity score-matched comparing "subxiphoid versus lateral intercostal approaches in thoracoscopic thymectomy for non-myasthenic early-stage thymoma". The study showed the former approach to be less invasive which also provided a satisfactory cosmetic effect. The second study is a retrospective study comparing "robotic versus laparoscopic liver resection in complex cases of left lateral sectionectomy". The study concluded that although the overall results of the robotic surgery group was comparable to the laparoscopic group, robotic surgery was a better choice in complex cases than laparoscopic surgery. The third study is a retrospective study comparing laparoscopic sleeve gastrectomy with laparoscopic gastric bypass. The study showed laparoscopic gastric bypass to be a better operation than laparoscopic sleeve gastrectomy in weight loss, weight loss maintenance and resolution of type-2 diabetes.

There are two very interesting cross sectional studies. The first study looked at "gender representation in leadership roles in UK surgical societies" and concluded that women are underrepresented in leadership role in surgical societies. The other is a questionnaire study on the "awareness of surgical expenditure amongst UK trainees and consultants". It gave me no surprise that this study concluded surgeons across all grades and specialties had poor knowledge of device and service costs.

The Original Researches included a quality improvement study on endoscopic stabilization device evaluation using the IDEAL framework, a cohort study on intravenous maintenance fluid tonicity and hyponatremia after major surgery, a retrospective single-center cohort study on extended resection of intrahepatic cholangiocarcinoma, and a case series on the surgical technique of laparoscopic mini-gastric bypass with obstructive stapleless pouch creation.

There are five Letters to the Editor. The first one is an uninvited letter on "Do we need to predict the difficulties during laparoscopic cholecystectomy?" A very interesting letter to go through. There is a Letter to the Editor on the article "Virtual reality simulator versus box-trainer to teach minimally invasive procedures: A meta-analysis" and the reply letter to this Letter. Finally there is a Letter to the Editor on "Is mean platelet volume a diagnostic marker in patients with acute mesenteric ischemia?" and the reply letter to this Letter.

We have not included many articles in this July Issue of the International Journal of Surgery. However, there are quite a number of good articles which I would recommend you to go through at your leisure time.

References

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