



Editorial

Editor's perspectives – September 2019



In the August 2019 Issue of Editor's Perspectives, I described what is meant by a non-invasive surgical procedure, and the most commonly used non-invasive surgical procedure is extracorporeal shock wave lithotripsy (ESWL). Since the introduction of ESWL more than 30 years ago, it remains the first line treatment for stones in the kidneys and in the parts of the ureters close to the kidneys. ESWL has also been used, although less commonly, for stones in other organs.

ESWL has also been used as a non-surgical treatment for symptomatic gallbladder stones. The treatment is only indicated in patients with a functional gallbladder and with small, radiolucent stones, preferably a solitary stone. ESWL has fallen out of favour for the treatment of gallbladder stones and only a few centers worldwide continue to offer it [1]. It is mostly used to treat cholesterol stones and subsequent bile acid therapy is needed to clear the fragmented stones and residues, and to prevent recurrence of gallbladder stones. The advancement in laparoscopic surgery has made laparoscopic cholecystectomy the gold standard to treat surgically-fit patients with symptomatic gallbladder stones, and other non-surgical treatments like conservative treatment, bile acid or percutaneous procedures can be used to treat poor surgical-risk patients with symptomatic gallbladder stones.

ESWL has also been used to treat retained bile duct stones when conventional endoscopic treatment is impossible or has failed. A systematic review, however, showed endoscopy-assisted laser lithotripsy to be more successful than ESWL for these patients [2].

ESWL has emerged as the cornerstone of non-surgical treatment of stone-predominant chronic pancreatitis. With recent developments in direct peroral pancreatoscopy and intracorporeal lithotripsy, the role of ESWL as the first line non-surgical treatment for these patients has been challenged, as shown in two recently published systematic reviews [3,4].

Interestingly, there have been occasional successful reports on ESWL in the treatment of salivary gland stones [5,6].

In this September Issue of the International Journal of Surgery, there is a very important review article which I would like to recommend to all our surgeon-readers to go through. This article is entitled "The WHO safer surgery checklist time out procedure revisited: Strategies to optimize compliance and safety". To err is human and all surgeons make mistakes. Some of these mistakes are preventable. This review presents patterns of wrong time-out procedures, emphasizes the patterns of poor compliance and reviews the suggested strategies to increase compliance for safer operating rooms.

As usual, there are a lot of systematic reviews ± meta-analyses. A network meta-analysis of randomized clinical trials and trial sequential analysis on drugs for preventing post-operative nausea and vomiting in patients undergoing laparoscopic cholecystectomy concluded that dexamethasone and ondansetron showed the best evidence as the stand-alone option and the preferred treatment in high-risk patients. A

systematic review and meta-analysis of risk factors for unruptured intracranial aneurysm growth showed aneurysm size and smoking to be independent risk factors for growth, while prior subarachnoid hemorrhage had a negative effect on growth. Another systematic review and meta-analysis on orthogonal plating method versus parallel plating method in the treatment of distal humerus fracture suggested both these methods could achieve satisfactory outcomes with similarly low complications. Another meta-analysis of randomized controlled trials comparing adductor canal block with local infiltration analgesia in primary total knee arthroplasty showed both treatments provided similar overall pain relief although the latter treatment achieved earlier ambulation when compared with the former treatment. Another meta-analysis of randomized controlled trials on the efficacy and safety of enhanced recovery after surgery (ERAS) program in laparoscopic digestive system surgery concluded application of the program to be associated with faster postoperative rehabilitation, shorter postoperative hospital stay and less postoperative complications. A meta-analysis on the risk factors for recurrence after anal fistula surgery with high level evidences suggested high transsphincteric fistulas, unidentified internal openings and horseshoe extensions; and with moderate level evidences suggested prior anal surgery, seton placement surgery and multiple fistula tracts to be significantly associated with anal fistula recurrence. Another meta-analysis on core decompression combined with autologous bone marrow stem cells versus core decompression alone for patients with osteonecrosis of the femoral head showed the former treatment to result in better pain relief and clinical outcomes than the latter treatment. A systematic review on survival outcomes of ovarian cancer patients treated with secondary cytoreductive surgery for isolated lymph node recurrence showed the combined surgical and chemotherapeutic approach optimized survival outcomes. Finally, there is a review article on the use of the renal subcapsular space for porcine islet xenotransplantation. Such a study still needs further clinical researches before islet allo- and xeno-transplantation using the β-cell replacement therapy to become a valid alternative to treat patients with Type 1 diabetes.

There are several well-conducted comparative studies in this issue of the Journal. A randomized, double-blind controlled study to determine the optimal dose of ropivacaine for relieving cough-pain after video-assisted thoracoscopic lobectomy by a single intrapleural injection concluded that 0.75% ropivacaine 15 or 20 ml was effective. A propensity score matching analysis using a prospectively maintained database showed the albumin-to-alkaline phosphatase ratio could be used as a novel prognostic stratification tool to refine prognostic prediction in patients with non-small-cell lung cancer undergoing video-assisted thoracoscopic surgery, thus helping to screen high-surgical risk patients and to formulate individualized treatment schemes. A retrospective comparative cross-sectional study was conducted on whether

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strict adherence to the non-operative management protocol to be associated with better outcomes in patients with blunt splenic trauma. Surprisingly, patients who were managed by adhering to the protocol had increased complications but with no improvement in surgical outcomes compared with a historical group of patients who were not managed by the protocol. Another study using a historical group for comparison was conducted on living donors kidney transplantation. The new retroperitoneal donor nephrectomy on 100 patients was compared with a historical group of 50 patients undergoing mini incision donor nephrectomy. The former procedure was better than the latter procedure in having less complications and better acceptance by the patients.

There are several very good original research articles. A questionnaire-based survey on factors considered by patients in selecting surgeons for elective specialty surgery should appeal to surgeons who have a private surgical practice. Another interesting survey is on the use of endoscopic vein harvesting during coronary artery bypass grafting in the United Kingdom. Other cohort studies include a prospective study on the pre-injury level of anxiety and its association with the failure rate of digit replant, and a retrospective study on FDG-PET in predicting unfavourable tumor histology in living donor liver transplant recipients, a retrospective study on the minimum distal resection margin in rectal cancer surgery and its impact on local recurrence, and a retrospective study on 925 Mini-One Anastomosis Gastric Bypass procedure from the UK MGB/OAGB Collaborative Group.

There are 6 Letters to the Editor. Of these Letters, two commented on the article “Retrospective cohort study of 925 OAGB procedures. The UK MGB/OAGB Collaborative Group” which will appear in this September Issue of the International Journal of Surgery. The commentators read this article on line and this shows clearly how important articles published on-line are to the readers of our Journal. We welcome our readers to further comment or to respond to these comments. Similarly there is another letter commenting on the article “Albumin-to-alkaline phosphatase ratio as a novel prognostic indicator for patients undergoing minimally invasive lung cancer surgery: Propensity score

matching analysis using a prospective database”. Again this article will appear in this September issue of the Journal but it has been published on-line as an electronic paper. The remaining 3 Letters separately commented on an article on a systematic review comparing total gastrectomy using totally laparoscopic or laparoscopic assisted approaches, Nigerian surgical outcomes and risk factors of second surgery for adjacent segment disease following anterior cervical discectomy and fusion.

This September Issue is full of excellent articles. There are many interesting articles which should appeal to the readers of our Journal. As I have been extremely keen to introduce these interesting articles to our readers, this September Issue of the Editor's Perspectives is exceptionally long. Please enjoy going through these articles at your leisure time.

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