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Editorial

Editor's perspectives – December 2019



I have been talking about the development of surgery in the past few decades in many issues of my Editor's Perspectives, and have discussed with you how surgery has developed towards the two extremes. On one hand, surgery has evolved toward one extreme of extensive and ultra-major surgery, operations that our fore-fathers, not too long ago, dare not attempt to carry out. On the other hand, surgery has also evolved to become less and less invasive, aiming to achieve the same surgical results with less surgical trauma. All these could not have been done without the innovative efforts coming from surgeons. However, I would like to sound a word of caution that moving into something new does not necessarily mean that we are moving into something better. Any new operation needs to have data to support that it is not only safe, but is efficacious and beneficial to patients. Before I end my topic on the development of surgery towards the two extremes, I would like to quote Oliver Wendell Holmes Jr. "Creation is not where we stand, but in what direction we are moving". To me, the direction that we are moving should aim to benefit our patients. I shall move to another topic in my next issue of the Editor's Perspectives.

In this issue of our Journal, there is a very important article entitled "STROCSS 2019 Guideline: Strengthening the reporting of cohort studies in surgery" which should be read by all our readers. As usual, there are 9 systematic reviews and meta-analyses. The first article is on "Postoperative outcomes in elderly patients undergoing pancreatic resection for pancreatic adenocarcinoma". This study concluded that age alone should not be the only determinant for selection of patients for surgical treatment of pancreatic adenocarcinoma. The second article is on "Prognostic role of pretreatment derived neutrophil to lymphocyte ratio in urological cancers" which concluded that a higher ratio was negatively associated with survival outcomes and could be used as an independent prognostic predictor in urological cancers. The third article entitled "Internal double-J stent was associated with a lower incidence of ureteroileal anastomosis stricture than external ureteral catheter for patients undergoing radical cystectomy and orthotopic neobladder". The message of this met-analysis is clearly stated in the title of the paper. The fourth article on "Mid-term and long-term outcomes of endoscopic versus open vein harvesting for coronary artery bypass" concluded that the risks for all-cause mortality, in-hospital death, and major adverse cardiac events were similar between the two groups. A fifth article on "Intraoperative frozen section for identifying the invasion status of lung adenocarcinoma" found frozen section to be reliable and had a high diagnostic accuracy. The sixth article entitled "Continuous adductor canal block is a better choice compared to single shot after primary total knee arthroplasty" gave the conclusion which is already stated in the title of the paper. The seventh article on "Long non-coding RNA MALAT1 as a valuable biomarker for prognosis in osteosarcoma" found a high expression of MALAT1 to be associated with advanced disease and unfavorable prognosis. The eighth article

reviewed "The current state of animal models in research". The ninth article reviewed the evidences from 11 randomized clinical trials on "The effect of Roux-en Y gastric bypass vs sleeve gastrectomy in patients with morbid obesity". The study showed the two operations to be equivalent for excess weight loss and type 2 diabetes mellitus resolution. However, these two operations had their own advantages and disadvantages.

There are 4 comparative studies. A randomized trial compared drained mucosal advancement flap versus rerouting Seton around the internal anal sphincter in treatment of high trans-sphincteric anal fistula. A propensity score matching compared the short-term efficacy of transvaginal extraction for right colon cancer. Another propensity score matching analysis in a population cohort with a high incidence of HBV infection studied the risk factors for long-term survival outcomes in patients with a solitary hepatocellular carcinoma of up to 2 cm. The remaining study is a case matched comparative study which compared suctioning versus traditional minimally invasive percutaneous nephrolithotomy in treating renal staghorn calculi.

There are a lot of cohort studies in this issue of the Journal. Some of these studies are prospective, while others are retrospective. Some of these studies involve a large number of patients. Examples are: a national quality improvement program on emergency abdominal surgery involved 15,856 patients. Another nationwide prospective study on laparoscopic repair of perforated peptic ulcer involved 1008 patients. A study from Finland on vascular procedure types and lower extremity amputation involved 69,523 revascularizations. A nomogram to predict overall survival for patients with M1 stage of colorectal cancer involved 19,796 patients from the SEER database. A study on incidental pathology involved 1214 appendectomy patients. The article on laryngeal twitch response involved 640 recurrent laryngeal nerves at risk. Other cohorts studies are educational. Examples are an article with advices on "A surgeon's guide to iatrogenic injury during surgery". Another example is a prospective validation of Sepsis-3 guidelines in acute hepatobiliary sepsis. A third example is on the "Stepwise implementation of laparoscopic pancreatic surgery". The remaining cohort studies involve laparoscopic posterior rectopexy for complete rectal prolapse, electrochemotherapy for advanced cutaneous angiosarcoma, and physical recovery after laparoscopic and open liver resection.

As indicated in my previous Editor's Perspectives, the Editorial Board of the Journal has decided to invite experts to comment on the articles published in our Journal either in the form of electronic publication ahead of print, or in the ordinary printed form. These appear as Invited Commentaries. Similarly we have encouraged our readers to comment on articles which they have read and these appear as Commentaries or Letters to the Editor. We have also invited the corresponding authors of the articles being commented on to reply to some

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of these commentaries. The result is overwhelming, and we have altogether 31 of such Invited Commentaries/Commentaries/Letters to the Editor/Replies in this issue of the Journal. Journal space does not allow me to tell you what these correspondences are. Interested readers please go through the titles of these correspondences to look for the ones which interest you.

Last but not least, it is my pleasant duty to thank all the reviewers who have worked hard for the Journal to review all the submitted articles. Without your help, the Journal would not have performed so

well, with the rapid increase in the Journal's impact factor. A big thank you to you all. Acknowledgement to the Reviewers 2019 can be found in this issue of the Journal.

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