Chirurgia (Bucur). 2012;107(2):169-173

Stapled esophagojejunal anastomoses: particular aspects of minimally invasive surgery and comparison with manual anastomoses – a single team experience*

S. Tudor[1], A. Anton[2], R. Purnichescu-Purtan[3]
[1]Department of General Surgery and Liver Transplantation, Fundeni Clinical Institute, Bucharest, Romania
[2]University of Medicine and Pharmacy Carol Davila, Bucharest, Romania
[3]Faculty of Applied Sciences, Department of Mathematics, Politehnica University of Bucharest, Romania

Abstract
Background/Aims: Surgery remains a mainstay of current approaches for the treatment of gastric cancer. Since the introduction of the first mechanical stapling devices, a debate started about whether mechanical staplers or manual suture produce better results.
Methods: 88 patients operated by a single team between January 2004 and November 2011 were included in this study: 14 patients underwent minimally invasive total gastrectomy and 74 patients had an open total gastrectomy. Manual suture anastomoses were performed on 59 patients and stapled anastomoses were done on 29 patients.
Results: There were no cases of anastomotic leakage or stenosis for the stapled group. There were 4 cases of anastomotic leakage in the manually suture group. There were no cases of anastomosis related mortality.
Conclusion: the data support the use of stapled esophagojejunal anastomosis as a safe way to create a esophagojejunal anastomosis, with superior results in term of anastomotic leakage or stenosis to those with hand suturing.
Key words: esophagojejunal anastomoses, robotic total gastrectomy, minimally invasive total gastrectomy, robotic surgery

Corresponding author: Stefan Tudor, MD
Fundeni Clinical Institute
258 Fundeni Street, Bucharest, Romania
Fax: 00402131888811
E-mail: stefantudor@gmail.com

*All procedures were performed by a single team led by Associate Professor Cãtãlin Vasilescu