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A long-term surgical outcome of self-pulling and holding purse-string suture technique for intracorporeal circular-stapled esophagojejunostomy

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Background: Classic esophagojejunostomy using a circular stapler is the most commonly performed standard reconstruction procedure in open surgery, and then this technique should be the preferred method of esophagojejunostomy in laparoscopic surgery. In circular stapling method, the most difficult steps are placing the purse-string suture and anvil which limit its widespread applications. To address this problem, we introduced a novel self-pulling and holding technique to place the purse-string suture for intracorporeal circular-stapled esophagojejunostomy in laparoscopic surgery.

Methods: Creation of the purse-string suture was performed by hand with assistance of constant self-pulling and holding of the uncut right esophagus on the transected esophageal end after subtotal circumferential transection (90%) of the distal esophagus. A needle insertion from the serosal side or the mucosal side of the esophageal lumen was chosen to avoid placing a backhand stitch in addition to the easy needle insertion from the mucosal side on

the posterior esophageal wall. 5- Years follow-up for the patients underwent the procedure was completed.

Results: Between June 2009 and December 2012, 52 patients with gastric cancer underwent consecutive laparoscopic total gastrectomy using the procedure for intracorporeal circular-stapled esophagojejunostomy. The mean (\pm SD) operating time was 297.1 \pm 53.0 minutes, and the time of the purse-string suture and anvil placement was 18.3 \pm 6.1 minutes. There were 3 major postoperative complications: one for anastomotic bleeding, two for ileus. During 5- years follow-up periods, there were no instances of postoperative anastomosis-related complications observed except for one with stenosis.

Conclusions: We believe that this method is feasible and reliable to create the purse-string suture for intracorporeal circular-stapled esophagojejunostomy by a long-term follow-up.

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