

3. BÖLÜM

LAPAROSKOPİK GASTRİK CERRAHİ

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1-Giriş

Minimal invaziv cerrahi midenin benign ve malign patolojilerinde giderek artan bir yer edinmektedir. Kitabın diğer bölümlerinde midenin benign cerrahisine ait bölümler yer almakta olup , bu bölümde mide kanserinde laparoskopik yöntemler ağırlıklı olarak irdelenmiştir.

Mide kanseri, dünyada en yaygın beşinci ve kanserden ölümlerin üçüncü önde gelen nedenidir (1). Tedavisi için çeşitli yeni ilaçlar geliştirilmiş olmasına rağmen, cerrahi olarak küratif rezeksiyon hala mide kanseri tedavisinin temelini oluşturmaktadır. 1991 yılında ilk laparoskopik gastrektomi (LG) vakası bildirildiğinden bu yana (2), yeni hemostatik cerrahi cihazlar ve tekniklerin standardizasyonu ile dünya çapında yaygın popülerlik kazanmıştır.

Son zamanlarda yayınlanan yazıların birçoğu doğu asyalı cerrahların deneyimlerine dayanmaktadır (3). Japonya ve Kore gibi ülkelerdeki artan farkındalık ile gelişen ve artan endoskopik yöntemler ile mide kanserinde erken tanı oranı %50 lere ulaşmıştır (4). Bu da cerrahların daha az invaziv işlem ile mide kanserine yaklaşma oranını ve şansını arttırmaktadır. Minimal invaziv gastrektominin onkolojik olarak açık gastrektomiye eşdeğer olduğu, güvenlik açısından açık cer-

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mide adenokarsinomu olan hastalar dahil edildi. Lenfatik havzanın ICG ile IRLS ile tespit oranı % 100 idi. Patolojik inceleme ile doğrulanan metastatik LN'nin saptanmasında da doğruluk % 100'dü. 114 aylık medyan takibin ardından nüks gözlenmedi. Düşük hacimli hastanelerde SN'lerin tespit oranları, yüksek hacimli hastanelerdekilere karşılaştırılabilir düzeydeydi. Bu nedenle, kızılötesi ICG görüntülemenin, mide kanseri için SN navigasyonlu gastrektomide lenfatik havzayı ve gizli metastazlı SN'leri doğru bir şekilde tespit ettiği belirlenmiştir (90).

9.Öğrenme Eğrisi

Batı ülkeleri, doğu ile karşılaştırıldığında batıda muhtemelen genel mide kanseri ve özellikle erken mide kanseri insidansının daha düşük olması nedeniyle minimal invaziv bir yaklaşımı benimsemekte daha yavaş davrandılar. LG, 60 ila 90 vaka aralığında bir yerde olduğu tahmin edilen bir öğrenme eğrisi ile teknik olarak zorlu bir prosedürdür; (91,92), mide kanserinde uzmanlaşma ortalama batılı cerrah için 3 ila 5 yıl kadar uzun sürebilir. Bununla birlikte, minimal invaziv gastrektominin açık gastrektomiye uygulanabilirliğini ve onkolojik eşdeğerliğini gösteren artan sayıda kanıtın yanı sıra daha düşük morbidite ve daha hızlı iyileşmenin potansiyel faydaları ile teknik Batı'da artan bir popülerlik kazanmaktadır (5).

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