AB068. 95. Implementation of a minimally invasive esophagectomy programme: results of 108 consecutive cases

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Background: Open Ivor-Lewis esophagectomy has traditionally been the standard treatment for resectable oesophageal cancer, but is associated with significant postoperative morbidity. Minimally invasive esophagectomy (MIO) is increasingly adopted, with reduced pulmonary morbidity and improved quality of life in survivorship as demonstrated in two recent European randomised controlled trials.

Methods: Consecutive patients undergoing minimally invasive Ivor-Lewis esophagectomy for oesophageal cancer from 2011–2017 were prospectively studied. Neoadjuvant therapy was utilised for ≥cT2 and/or ≥N1 disease. All patients underwent radical abdominothoracic *en bloc* esophagectomy with two-field lymphadenectomy and high intrathoracic end-to-side circular stapled esophagogastric anastomosis, and a postoperative ERAS protocol was utilised.

Results: One hundred and eight patients (age 61.7± 8.7 years; female, 22%; adenocarcinoma, 83%) were studied. Seventy-eight percent of patients had neoadjuvant therapy (chemotherapy 10%, chemoradiation 68%). One patient required conversion to an open procedure. Ninety-three percent had an R0 resection. The median lymph node count was 29 [7–58]. The median in-hospital and critical care lengths of stay were 8 [6–34] and 3 [1–28] days, respectively. Grades II, III and IV morbidity occurred in 19%, 19% and 3%, with pneumonia, atrial fibrillation and anastomotic leak in 19.4%, 20.3% and 4.6% of patients. The ICU readmission rate was 2.7%, and 30-day hospital readmission rate was 11.1%. Thirty-day in-hospital mortality and 90-day mortality were 3.7% and 4.5%, respectively.

Conclusions: The implementation of a MIO programme was successful, feasible and safe. Perioperative and oncologic outcomes compared favourably with published benchmarks. MIO should be considered the standard of care for resectable oesophageal cancer.

Keywords: Esophagectomy; minimally invasive surgery; thoracoscopy; laparoscopy; oesophageal cancer; enhanced recovery; clinical pathway

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