



AB056. 206. Transitioning to totally minimally invasive esophagectomy: what are the peri-operative benefits?

Shane Keogh¹, Jarlath Bolger^{1,2}, Mohamed Anjum¹, Chwanrow Baban¹, Wendy Hickey¹, William Robb^{1,2}

¹Department of Surgery, Beaumont Hospital, Beaumont, Dublin, Ireland; ²Royal College of Surgeons in Ireland, Dublin 2, Ireland

Background: Esophagectomy remains the mainstay of curative treatments for oesophageal cancer. Totally minimally invasive esophagectomy (MIO) utilises laparoscopy and thoracoscopy to improve peri-operative outcomes by reducing the trauma of surgery. It reduces reliance on epidural analgesia with putative benefits in peri-operative fluid management, patient mobilisation and recovery. The aim of this study is to review oncological outcomes, epidural use, fluid and inotrope requirements, inflammatory and infectious complications following the introduction of a MIO program.

Methods: A retrospective review of a prospectively maintained database was performed comprising 45 patients

in a single surgeon's practise. Oncological and peri-operative data were compared for the patients undergoing a hybrid esophagectomy and those having a totally minimally invasive operation. Non-parametric statistics were used for comparative purposes.

Results: In the study period 20 patients underwent MIO and 25 hybrid esophagectomy, there were no significant differences in demographics between the groups. Oncological outcomes with similar: lymph node yields (24.15 *vs.* 23.95, $P=0.97$) and margin status (R0 resections 20/20 and 23/25, $P=0.47$). Patients in the MIO group were more likely to mobilise on the first post-operative day ($P=0.04$), were less likely to require epidural analgesia ($P=0.001$) and had a reduced length of stay for patients who did not experience any peri-operative morbidity (8.6 *vs.* 12.3 days, $P=0.01$).

Conclusions: MIO improves patients' perioperative performance without compromising oncological outcomes. MIO should be considered for all patients undergoing resection of oesophageal cancers.

Keywords: Laparoscopy; esophagectomy; thoracoscopy

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