



Laparoscopic colon surgery

Minimally invasive approaches to general surgical procedures became popularized over the decade following its introduction by Erich Mühe in 1982. It is now universally accepted that laparoscopy is associated with decreased post-operative pain and length of stay. The improved short term outcomes in conjunction with the advent of new technology have led many surgeons to adopt this as their preferred approach. However, the utilization of laparoscopy continues to be less than 50% of case in the United States in the field of colon and rectal surgery. This is despite large randomized studies showing similar oncological outcomes compared to standard open techniques. It has been hypothesized that the steep learning curve for laparoscopic colectomy may be the reason for the slow adoption. However, in the era in which laparoscopy is the mainstay of general surgery, we hypothesize that the number of colectomies performed via this approach will continue to increase. The key to adoption is to learn a safe technique from expert surgeons. This issue aims to bring forth technical aspects of colectomies from an expert set of surgeons. It also provides further material on the use of “more complete” minimally invasive techniques such as intracorporeal anastomosis to further our strides to improve surgical care in the coming years.

Acknowledgments

Funding: None.

Footnote

Provenance and Peer Review: This article was commissioned by the editorial office, *Annals of Laparoscopic and Endoscopic Surgery* for the series “Laparoscopic Colon Surgery”. The article did not undergo external peer review.

Conflicts of Interest: The series “Laparoscopic Colon Surgery” was commissioned by the editorial office without any funding or sponsorship. MD Jafari and MJ Stamos served as the unpaid Guest Editor of the series. MD Jafari: Covidien—Course director. The authors have no other conflicts of interest to declare.

Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Open Access Statement: This is an Open Access article distributed in accordance with the Creative Commons Attribution-NonCommercial-NoDerivs 4.0 International License (CC BY-NC-ND 4.0), which permits the non-commercial replication and distribution of the article with the strict proviso that no changes or edits are made and the original work is properly cited (including links to both the formal publication through the relevant DOI and the license). See: <https://creativecommons.org/licenses/by-nc-nd/4.0/>.



Michael J. Stamos



Mehraneh Dorna Jafari

Michael J. Stamos, MD, FACS, FASCRS

Dean, School of Medicine, University of California Irvine, Irvine, CA, USA.

(Email: mstamos@uci.edu)

Mehraneh Dorna Jafari, MD, FACS, FASCRS

Department of Surgery, University of California Irvine, Irvine, CA, USA.

(Email: jafarim@uci.edu)

Received: 11 September 2019; Accepted: 22 September 2019; Published: 24 September 2019.

doi: 10.21037/ales.2019.09.03

View this article at: <http://dx.doi.org/10.21037/ales.2019.09.03>

doi: 10.21037/ales.2019.09.03

Cite this article as: Stamos MJ, Jafari MD. Laparoscopic colon surgery. *Ann Laparosc Endosc Surg* 2019;4:94.