Minimal Invasive Esophagectomy for Esophageal Cancer: An Institutional Review From a Dedicated Centre of Pakistan

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Abstract : Introduction: Chemoradiation followed by resection has been the standard therapy for resectable (cT1-4aN0-3M0) esophageal carcinoma. The optimal surgical approach remains a matter of debate. Therefore, the purpose of this study was to share our experiences of minimal invasive esophagectomies concerning morbidity, mortality and oncological quality. This study aims to enlighten the world about the surgical outcomes after minimally invasive esophagectomy at Shaukat Khanum Hospital Lahore. Objective: The purpose of this study is to review an institutional experience of Surgical outcomes of Minimal Invasive esophagectomies for esophageal cancer. Methodology: This retrospective study was performed after ethical approval at Shaukat Khanum Memorial Cancer Hospital and Research Centre (SKMCH&RC) Pakistan. Patients who underwent Minimal Invasive esophagectomies for esophageal cancer from March 2018 to March 2023 were selected. Data was collected through the human information system (HIS) electronic database of SKMCH&RC. Data was described using mean and median with minimum and maximum values for quantitative variables. For categorical variables, a number of observations and percentages were reported. Results: A total of 621 patients were included in the study, with the mean age of the patient was 39 years, ranging between 18-58 years. Mean Body Mass Index of patients was 21.2.1±4.1. Neo-adjuvant chemoradiotherapy was given to all patients. The mean operative time was 210.36 ± 64.51 minutes, and the mean blood loss was 121 milliliters. There was one mortality in 90 days, while the mean postoperative hospital stay was 6.58 days with a 4.64 standard deviation. The anastomotic leak rate was 4.2%. Chyle leak was observed in 12 patients. Conclusion: The minimal invasive technique is a safe approach for esophageal cancers, with minimal complications and fast recovery.

Keywords : minimal invasive, esophagectomy, laparscopic, cancer

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