Comparative study of clinical efficacy of laparoscopy-assisted radical gastrectomy versus open radical gastrectomy for advanced gastric cancer


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ABSTRACT. The purpose of this study is to compare the efficacy of laparoscopy-assisted radical gastrectomy (LARG) versus that of open radical gastrectomy (ORG). Clinical data of 355 patients who underwent radical gastrectomy (160 in the LARG group and 195 in the ORG group) were analyzed retrospectively. Efficacy indices were compared and analyzed between the two groups. The operating time of LARG was longer than that of ORG (228.43 ± 34.77 versus 207.59 ± 28.39 min). However, patients in the LARG group lost less blood than did those in the ORG group (169.46 ± 82.92 versus 193.86 ± 82.09 mL), and more lymph nodes were removed in the LARG group (19.84 ± 4.7 versus 18.04 ± 4.14 per case). The recovery of intestinal function was faster (3.72 ± 1.03 versus 4.41 ± 1.30 days) in the LARG group. Patients in the LARG group were administered a semi-fluid diet earlier (5.66 ± 2.27 versus 7.09 ± 2.33 days) and had a shorter hospital stay (9.44 ± 3.06 versus 11.07 ± 7.91 days) than did those in the ORG group, and these differences were statistically significant (P < 0.05). No
significant differences were found in the length of proximal and distal resection margin and the incidence of complications (P > 0.05) between the two groups. Thus, LARG is safe, feasible, and effective for treating advanced gastric cancer.

**Key words:** Gastric cancer; Laparoscopy; Clinical efficacy