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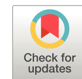
Letters to the Editor

Response to the Article: Concentration of Treatments Can Improve Clinical Results in Complex Cancer Surgery☆



Respuesta al artículo: La concentración de tratamientos puede mejorar los resultados en cirugía compleja del cáncer

To the Editor,

We have read with great interest the editorial by Borras and Guarga,[1] which we believe expresses the thoughts of many surgeons in our country.[2] While we concur, we would also like to make a series of constructive reflections on certain aspects that were not fully discussed in their editorial.

The argument that mortality is reduced when certain procedures are concentrated at one hospital[1–3] is already a good reason to consider centralization by itself, although not all studies confirm this.[4] However, in our opinion, the volume alone should not be the main criterion used to define referral hospitals. An individual surgeon or a surgical service may operate on many patients, but if the results are not audited, compared or made public, we can fall into the error of equating quantity with quality.[3]

At the Training Section of the Spanish Association of Surgeons (www.aecirujanos.es), we believe that the units of a service that intends to centralize procedures should be certified (as should their medical professionals), while also having available innovative, state-of-the-art technology to offer patients the best possible treatment options. This would be a basic requirement for centralization to function, in addition to the volume criterion, because the results of the surgeons and hospital would be audited and could be compared. When we consider that the vast majority of these patients are going to be treated by a surgeon at some point of their pathological process, and now that we are clearly at a point in time when we should advocate the centralization of procedures, it is important and well-timed for the different divisions of the AEC to establish quality standard requirements that a referral unit should meet in order to centralize procedures. Together with the effort that is being made by the European Union of Medical Specialists (www.uemssurg.org) with the Boards, these would take on a real and practical sense, overlapping with the proposals necessary to define specific training areas and their diplomas,[5] contemplated in the paralyzed core curriculum and addressed by the current Spanish Healthcare Professions Act. In this context, our Society should play a clear and visible leadership role, and not only in oncological surgery.

Acknowledgements

To all the members of the Board of the Postgraduate Training Division of the Spanish Association of Surgeons.

REFERENCES

1. Borras JM, Guarga A. La concentración de tratamientos puede mejorar los resultados en cirugía compleja del cáncer. Cir Esp. 2018;96:315–6.
2. Codina-Cazador A, Biondo S. El terciarismo en el cáncer de recto. Cir Esp. 2015;93:273–5.
3. Finks JF, Osborne NH, Birkmeyer JD. Trends in hospital volume and operative. Mortality for high-risk surgery. N Engl J Med. 2011;364:2128–37.
4. Bos AC, van Erning FN, Elferink MA, Rutten HJ, van Oijen MG, de Wilt JH, et al. No difference in overall survival between

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hospital volumes for patients with colorectal cancer in the Netherlands. Dis Colon Rectum. 2016;59:943–52.
5. Miguelena Bobadilla JM, Morales-García D, Iturburu Belmonte I, Alcázar Montero JA, Sera Aracil X, Docobo Duréntez F, et al. Formación en Cirugía General en España: troncalidad y áreas de capacitación específica. Cir Esp. 2015;93:147–51.

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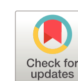
Vertical Gastrectomy: Global Trends and Some Controversies☆



Gastrectomía vertical: tendencia global y algunas controversias

To the Editor,

We have read with great interest the editorial published by Drs. Del Castillo Déjardin and Sabench Pereferrer published in issue 96 of the journal *Cirugía Española*.[1] We would like to congratulate the authors of this editorial for the practical manner in which they have summarized the current main controversies of this surgical technique for the treatment of obesity. We would like to briefly add some comments on this subject.

Indeed, vertical sleeve gastrectomy (VSG) has been widely accepted among surgeons and patients. Even in countries like Mexico, where obesity has become a serious public health problem, this procedure has already surpassed gastric bypass in number of annual procedures.[2]

A drawback of this technique mentioned by the authors is the possibility of developing gastroesophageal reflux disease (GERD), which is an idea that is widely perceived. However, this issue has not yet been fully clarified, and a randomized controlled study evaluating this association failed to prove this claim. In comparing the results of vertical sleeve gastrectomy with the gastric band (GB),[3] after the first year of follow-up, 8.8% of patients who had received a GB developed GERD and 21.8% of the patients in the VSG group, without being statistically significant. Three years later, there were no statistically significant differences between the two groups.

To the controversies mentioned in the editorial, we should add 2 more: the enhanced recovery after surgery (ERAS) protocol and the diameter of the calibration device during the procedure.

The ERAS protocols have been shown to improve post-operative prognosis in patients undergoing colon surgery, but this territory has not been fully explored in bariatric surgery. In 2012, a randomized controlled study compared the ERAS protocol with the standard postoperative management in patients who underwent VSG.[4] The hospital stay decreased significantly in the ERAS protocol group ($P \leq .001$). Likewise, the average cost decreased in this group. The ERAS protocol seems to have favorable prognoses in VSG and could become a routine strategy.

In addition, before carrying out the gastrectomy during VSG with the linear stapler, bougie calibration is generally used along the lesser curvature to create the gastric pouch. Only one prospective randomized study has been published analyzing the size of the bougie.[5] This study determined that the caliber has no impact on short-term weight loss.

Time and scientific evidence will determine whether VSG displaces all other surgical techniques.

Last of all, we would once again like to congratulate the authors of the editorial for their accurate comments on the current trends in this surgical technique.

REFERENCES

1. Del Castillo Déjardin D, Sabench Pereferrer F. Sleeve gastrectomy: globalization and its controversies. Cir Esp. 2018;96:393–4.
2. Buchwald H, Oien DM. Metabolic/bariatric surgery worldwide 2011. Obes Surg. 2013;23:427–36.
3. Himpens J, Dapri G, Cadière GB. A prospective randomized study between laparoscopic gastric banding and laparoscopic isolated sleeve gastrectomy: results after 1 and 3 years. Obes Surg. 2006;16:1450–6.

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