CIRUGÍA ESPAÑOLA

www.elsevier.es/cirugia

Letters to the Editor

Comment: "Telemedicine, telementorization and telematic evaluation in surgery. Is it your time after COVID-19?"☆

Comentario: «Telemedicina, telementorización y evaluación telemática en cirugía. ¿Es su momento después de la COVID-19?»

To the Editor:

We have read with great interest the article recently published by Rodríguez et al, "Telemedicine, telementoring and telematic evaluation in surgery. Is it their time after COVID-19?", which raises the importance of exchanging clinical information remotely, either synchronously or asynchronously, using tools like telementoring to facilitate the remote acquisition of clinical knowledge through virtual means[1].

We believe that these new technological tools provide an opportunity to improve surgical skills in minimally invasive procedures, especially in middle-income countries with fewer resources, such as Latin American countries, including Colombia[2]. In addition to being an effective tool during the COVID-19 pandemic, it also enables the interaction with specialists worldwide, which is a key point in the comprehensive training of general surgeons[3].

Specifically, the development of minimally invasive surgical skills was previously based on intensive in-person training, a system that was turned upside down with the arrival of COVID-19 due to the difficulty of carrying out in-person rotations. Therefore, platforms like PROXIME, which allow for knowledge to be shared among specialists, residents and medical students, have become an integral part of the innovative strategy to meet the goal of global surgery in the 21st century[1].

Telemedicine is beneficial for the generation and socialization of knowledge by improving the scope of medical care and providing personalized patient care, while reducing the exposure of health teams and reducing the risk of infectious diseases[4]. However, the implementation of these technological tools in Latin America is a challenge due to the lack of economic resources and trained personnel, large populations located in marginalized areas, poorly functioning digital platforms, poor healthcare outreach, deficient acquisition of knowledge, and medical school graduates with gaps in their knowledge[5].

In 2010, Colombia only had 43 telemedicine or telehealth projects, which benefited only 550 000 people in a country of almost 50 million inhabitants[5]. Therefore, the use of new technologies must be a goal for our population and the Colombian government, which must generate investment opportunities to address these new challenges, improving and progressing hand-in-hand with telemedicine and medical simulation, while creating new techniques that improve the quality and effectiveness of healthcare services[6].

We would like to thank the authors for providing such evidence, since it is an important issue for all medical professionals in the 21st century. This evidence motivates us to continue generating technological tools for the acquisition of clinical-surgical skills, especially in countries like ours where the use of remote technologies has been on the rise since the arrival of COVID-19.

REFERENCES

1. García JIR, Sáiz EC, Munar MG, Flórez LG, Trancón JG. Telemedicina, telementorización y evaluación telemática en cirugía. ¿Es su momento después de la COVID-19? Cir Esp

DOI of original article: http://dx.doi.org/10.1016/j.cireng.2021.05.005

☆ Please cite this article as: Quintero-Arias MG, Serrano-Mesa K, Lozada-Martínez I, Domínguez-Alvarado GA. Comentario: «Telemedicina, telementorización y evaluación telemática en cirugía. ¿Es su momento después de la COVID-19?». Cir Esp. 2021. https://doi.org/10.1016/j.ciresp.2021.08.016

[Internet]. 2021;99:474 [Accessed 3 August 2021]. Available from: /pmc/articles/PMC7262517/.
2. Litewka S. Telemedicina: un desafío para América Latina. Acta Bioeth. 2005;11:127–32.
3. Liao CT, Chang WT, Yu WL, Toh HS. Management of acute cardiovascular events in patients with COVID-19. Rev Cardiovasc Med. 2020;21:577–81.
4. Bashshur R, Doarn CR, Frenk JM, Kvedar JC, Woolliscroft JO. Telemedicine and the COVID-19 pandemic, lessons for the future. Telemed e-Health. 2020;26:571–3.
5. Figueroa LM. Telehealth in Colombia, challenges associated with COVID-19. Biomedica. 2020;40:77–9.
6. Escuela Colombiana de Ingeniería. HFC. Rev Esc Colomb Ing [Internet]. 2018;89–99. Available from:http://revistas.escuelaing.edu.co/index.php/reci/article/view/43.

María Gabriela Quintero-Arias[a], Kamila Serrano-Mesa[b], Iván Lozada-Martínez[c], Gonzalo Andrés Domínguez-Alvarado[d,*]

[a]*Medicina Interna, Universidad Autónoma de Bucaramanga, Floridablanca, Santander, Colombia*
[b]*Universidad Autónoma de Bucaramanga, Floridablanca, Santander, Colombia*
[c]*Centro de Investigaciones Médicas y Quirúrgicas, Facultad de Medicina, Universidad de Cartagena, Cartagena, Colombia*
[d]*Epidemiología, Universidad Autónoma de Bucaramanga, Grupo de innovación e investigación Quirúrgica (GIIQ), Floridablanca, Santander, Colombia*

*Corresponding author: gdominguez@unab.edu.co (G.A. Domínguez-Alvarado).

http://dx.doi.org/10.1016/j.ciresp.2021.02.003

A commentary on "Cephalic duodenopancreatectomy and external tutoring of the Wirsung duct. Results of a series of 80 consecutive cases"

Un comentario sobre "Duodenopancreatectomía cefálica y tutorización externa del conducto de Wirsung. Resultados de una serie de 80 casos consecutivos"

Dear Editor,

We read with great interest the article published by Jimenez Romero C et al.[1] titled "Pancreaticoduodenectomy and external Wirsung stenting: our outcomes in 80 cases". Where the controversy regarding the ideal post-duodenal-pancreatic resection pancreatic-jejunal reconstruction technique is evaluated. The authors shared their experience using the external Wirsung stenting technique in pancreaticoduodenectomy and showed their results in the incidence of pancreatic fistula. We thank the authors for such valuable evidence. However, we would like to make a few comments.

Pancreaticoduodenectomy (DP) is the most used treatment for malignant and benign tumors of the pancreatic head, tail, and periampullary region.[2] Pancreatic Fistula (PF) is the most frequent complication of this treatment but there are, other surgical management too, as novel anastomosis techniques that modify conventional ones, and shows an improvement in PF incidence.[3]

All these processes involve technical characteristics of the anastomosis, the reconstruction site, the use of biological adhesive, and the prophylactic use of somatostatin analogs. Using the stent through the pancreatic anastomosis was a positive strategy to reduce the rate of pancreatic fistula. Although several studies have been carried out on the subject, it has long been observed that the use of the internal stent does not show a reduction in the rate or severity of pancreatic fistula and that the external stent reduces the rate of pancreatic fistula from 6.7 to 20%.[4] That is why the importance of these studies is emphasized to achieve more and more evidence.

Jimenez Romero C et al.[1] stated there is no significant difference in PF incidence of global morbidity comparing pancreaticojejunostomy (PJ) and Pancreaticogastrostomy (PG), Ibrahim R et al.[5] founded that Pancreaticogastrostomy's PF incidence is lower compared to pancreaticojejunostomy.

As a final comment as stated by Vasquez et al.,[6] the main tool for scientific communications is the correct use of morphological terminology and should be clear, precise, and consistent. We suggest changing the eponymous: "Wirsung conduct" to Anatomical terminology: "Pancreatic duct" or "Ductus pancreaticus".

This kind of study allows opening new ways for the management of patients, and, does not opposite existing clinical practice guidelines and recommendations.