AUGIS STATEMENT ON LAPAROSCOPIC UPPER GI CANCER SURGERY

Laparoscopic cancer surgery has developed rapidly in the last three years. Techniques continue to evolve, although most published series are dominated by operations performed for relatively early stage tumours. Most of the laparoscopic or laparoscopically-assisted operations have not therefore included extended lymphadenectomy on the basis that this is almost of marginal benefit in this situation. The extent to which these encouraging results can be applied to the generality of UK patients, where more advanced disease and obesity play important roles, merits careful evaluation by UK surgeons. In particular encouraging results for early disease may well not be applicable to more advanced tumours.

While complication rates with minimal access approaches seem to be low, this may reflect the bias imposed by case selection. There are in addition, anecdotal reports of major complications and already medico-legal cases stemming from these procedures. In the absence of a formal reporting mechanism, there is a risk of significant unreported incidence of severe complications or even mortality.

The National Health Service has a nationally agreed policy for the introduction of new techniques into clinical practice supported by NICE. All Trusts must adhere to this practice of clinical governance. In addition, individual surgeons have a duty to their patients to ensure that they provide consent on a fully informed basis. All surgeons must abide by local and national standards of clinical ethics in addition to national guidance on the management of upper GI cancer.

AUGIS recommends that any surgeon who wishes to perform minimal access surgery in the resection of upper GI cancers should observe the following points:

1. They should work in a cancer centre designated for upper GI cancer resections by their cancer network.

2. They should have received appropriate training in open upper GI cancer resections.

3. They should already be experienced with advanced laparoscopic surgery (eg antireflux surgery, large hiatus hernias, laparoscopic splenectomy and gastric bypass).

4. They should gain local ethical committee approval for any study involving upper GI cancer laparoscopic resection.

5. They should have attended accredited courses to gain familiarity with techniques available and options. Procedures should be performed with a mentor who has gained significant experience and who has audited data.

6. All procedures should be performed as part of a controlled study with a prospective audit of outcome and agree to present results after a defined period, run on a regional or national basis with all results submitted for external scrutiny.

7. They should register all new laparoscopic upper GI cancer resection techniques with individual trusts in accordance with local regulations. They should gain local approval either through a local audit or ethical committee as appropriate: This application should include prospective data collection and the production of locally approved patient information leaflets.

8. All procedures employing laparoscopic techniques for upper GI cancer surgery should be registered with the Association of Upper Gastrointestinal Surgeons database and a dataset is available from our website.

AUGIS very much wants to support innovation and development in all areas of practice. However with increasing scrutiny from many sources coupled with National Cancer Guidance, it is very important that our members do not expose their patients or themselves to any avoidable risk. These days it is increasingly difficult to develop new techniques and this advice is intended to help to prevent unnecessary difficulties.

S M Griffin, President

On behalf of AUGIS Council Executive