Omentoplasty is effective in preventing anastomotic leakage of oesophagogastronomy following radical oesophagectomy and reducing the mortality during the anastomotic leakage†

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We read with interest the article by Zheng et al. [1] on omentoplasty in preventing anastomotic leakage of oesophagogastronomy following radical oesophagectomy with three-field lymphadenectomy. Oesophagectomy remains the standard surgical treatment and is effective for early-stage tumours confined to the oesophagus and the paraoesophageal region. As a major complication, anastomotic leakage often causes considerable morbidity and mortality after oesophagectomy. Prevention of anastomotic leaks would therefore reduce patient mortality following oesophagectomy.

In our hospital, we use a mechanical stapled anastomoses followed by the omental wrapping method, for preventing anastomotic leaks. In our clinical trial study, we noticed that this method performed on 255 patients with oesophageal cancer contributed to less anastomotic leaks (1%, \( P < 0.05 \)), as well as less anastomotic strictures (6%, \( P < 0.05 \)) [2]. When anastomotic leakage occurred in the patients in the omentoplasty group and the stapled group, the drainage procedure was often used. However, we noticed that the mortality and healing time in the omentoplasty group was obviously lower than that of the stapled group.

From those randomized controlled trials, it seems clear that omentoplasty can prevent anastomotic leakage without additional risks, and furthermore we concluded that this technique can reduce the mortality and healing time when the anastomotic leakage had occurred.

REFERENCES


†The corresponding author of the original article [1] was invited to reply, but did not respond.