

MEETING ABSTRACT

Open Access

# Experience in reverse sequence procedures for esophageal cancer surgery

Hsu Chung-Ping<sup>1,2\*</sup>, Chih-Hung Lin<sup>1</sup>, Cheng-Yen Chuang<sup>1</sup>

From World Society of Cardiothoracic Surgeons 25th Anniversary Congress, Edinburgh  
Edinburgh, UK. 19-22 September 2015

## Background/Introduction

Despite different surgical techniques, conventional approaches for esophageal cancer surgery comprise of tumor resection followed by esophageal reconstruction.

## Aims/Objectives

Been a high volume cancer center, we aim to investigate the efficacy and safety of reverse sequence procedures (reconstruction first followed by resection) in treating esophageal cancer patients.

## Method

Being a high volume cancer center, we aim to investigate the efficacy and safety of reverse sequence procedures (reconstruction first followed by resection) in treating esophageal cancer patients.

## Results

After excluding 13 conversions (5 in reverse group, 8 in non-reverse group), the operation time, blood loss, and retrieved lymph nodes number, cervical anastomotic leak, and hospital stay were 468.6 vs. 506.3 min ( $p = 0.004$ ), 420.1 vs. 286.7 cc. ( $p = 0.012$ ), 37.4 vs. 29.6 ( $p = 0.002$ ), 20 vs. 15 cases ( $p = 0.008$ ), and 14.4 vs. 17.0 days ( $p = 0.034$ ), in reverse group and non-reverse group, respectively. There were 2 hospital mortalities, complete pathologic response was obtained in 44 of the 119 neoadjuvant patients (37.0%), and the cumulative 5-yr survival rates were 45.3%.

## Discussion/Conclusion

Reverse sequence MIE is an efficient and safe procedure in treatment of esophageal patient cancers, which also greatly facilitates the procedure of esophagectomy.

## Authors' details

<sup>1</sup>Division of Thoracic Surgery, Department of Surgery, Taichung Veterans General Hospital, Taichung, Taiwan, ROC. <sup>2</sup>School of Medicine, National Yang-Ming University, Taipei, Taiwan, ROC.

Published: 16 December 2015

doi:10.1186/1749-8090-10-S1-A41

Cite this article as: Chung-Ping et al.: Experience in reverse sequence procedures for esophageal cancer surgery. *Journal of Cardiothoracic Surgery* 2015 **10**(Suppl 1):A41.

Submit your next manuscript to BioMed Central  
and take full advantage of:

- Convenient online submission
- Thorough peer review
- No space constraints or color figure charges
- Immediate publication on acceptance
- Inclusion in PubMed, CAS, Scopus and Google Scholar
- Research which is freely available for redistribution

Submit your manuscript at  
[www.biomedcentral.com/submit](http://www.biomedcentral.com/submit)



<sup>1</sup>Division of Thoracic Surgery, Department of Surgery, Taichung Veterans General Hospital, Taichung, Taiwan, ROC  
Full list of author information is available at the end of the article