Conclusions

Laparoscopic gastric band insertion maintains comparable efficacy for weight loss and resolution of obesity-related comorbidities when compared to gastric bypass. In addition, the procedure is simple, safe and carries a lower mortality and morbidity.

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SURGICAL HYPOTHESIS

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The right gastroepiploic artery: an independent risk for leak post oesophageal resection

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Numerous different operations exist for the treatment of oesophageal cancer, Ivor-Lewis, McKeown, and left thoracophrenotomy* being the most common. All rely on the stomach being utilised as a replacement conduit in the chest. To achieve this, the left gastric artery, a variable amount of the lesser curve (depending on individual surgeon preferences) and the short gastric arteries are divided. This enables the stomach to be swung up into the chest, relying on the gastroduodenal artery and then the right gastroepiploic artery to supply the fundus where the anastomosis takes place. Atheroma and size variability (diameter 2.0–3.5 mm, results in 9.4 times difference in flow by Poiseuille's law) of the right gastroepiploic artery is known from cardiac surgery where it is utilised as a bypass graft.¹ This could potentially limit the blood supply at the anastomosis, increasing the chances of a leak postoperatively.

[*Thoracophrenotomy = Thoracotomy and division of diaphragm.]

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