Letters and comments

Contributors to this section are asked to make their comments brief and to the point. Letters should comply with the instructions to authors at <http://www.rcseng.ac.uk/publications/submissions/authorinstructions.html>. Tables and figures should only be included if absolutely essential and no more than five references should be given. The editor reserves the right to shorten letters and subedit contributions to ensure clarity.

Is the effect because of enhanced recovery rather than the laparoscopic approach?

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COMMENT ON

Abdel-Halim MRE, Moore HM, Cohen P, Dawson P, Buchanan GN.

Impact of laparoscopic right hemicolectomy for colon cancer. *Ann R Coll Surg Engl* 2010; **92**: 211–7
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This paper raised several important points. First, making statements based on small numbers is risky. In this study, 9.1% of the laparoscopic group had an anastomotic leak necessitating laparotomy and end-ileostomy; this is a high figure for a right hemicolectomy. Similarly, 4.5% of patients undergoing the laparoscopic approach died from massive blood loss. These results are almost certainly not significant (the absolute numbers were 2 and 1, respectively) but does demonstrate how misleading small studies can be.

If you adjusted for all variables, then laparoscopic surgery had no benefit over open surgery. It is only when it is combined with enhanced recovery do benefits in terms of length of stay become apparent.

This study cannot say that laparoscopic approach was any better than the open approach, only that laparoscopic with enhanced recovery was superior to open without enhanced recovery, which is correctly stated in the conclusion. This finding has been shown repeatedly before.^{1–5}

This paper could just have easily been titled 'Impact of enhanced recovery for right hemicolectomy for colon cancer'. We should await the results of the ENROL (Enhanced Recovery Open Laparoscopic Surgery for Colorectal Cancer) study before we advocate a complete laparoscopic colorectal operative approach.

References

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3. Jottard KJ, van Berlo C, Jeuken L, Dejong C. Changes in outcome during implementation of a fast-track colonic surgery project in a university-affiliated general teaching hospital: advantages reached with ERAS (Enhanced Recovery After Surgery project) over a 1-year period. *Dig Surg* 2008; **25**: 335–8.