

Laparoscopic highly selective vagotomy: Technical considerations and preliminary results in 119 patients with duodenal ulcer or gastroesophageal reflux disease

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The technical considerations and preliminary results of 119 patients submitted to laparoscopic highly selective vagotomy are presented. There were 33 with duodenal ulcers, 31 with duodenal ulcers plus gastroesophageal reflux, and 55 with gastroesophageal reflux. Operating time varied from 120 to 160 minutes. Six complications occurred: four perforations of the gastric fundus and two bleeding episodes. Conversion to open surgery was done in four cases and reoperation in one case. No deaths occurred, and the mean hospital stay was 3 days. The mean follow-up was 16 months, being 94% of the cases with Visick I or II and 6% with Visick III or IV. This technique is completely feasible by laparoscopic procedure and reproduces exactly what has been done with the laparotomy approach.