

The Efficacy of Minimally Invasive Gastrointestinal Surgery (MIGS) On Cancer Patient Recovery and Satisfaction

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ABSTRACT

Gastro intestinal cancer is treated by surgery which involves pain in current method. This paper gives the solution by a technique called minimally Invasive Gastrointestinal Surgery (MIGs) which involves less pain, faster recovery and lesser cuts for surgery procedure. Robotic assistant is made possible to get high degree of surgery procedure.

KEYWORDS : MIGs, Gastrointestinal cancer.

INTRODUCTION

Also referred to as laparoscopic surgery, minimally invasive surgery deviates from conventional "open" methods (that utilize single bigger cuts – rather than several little cuts) and is associated with beneficial outcomes such as less post-operative discomfort and a quicker healing process. Following the increasing use of minimally invasive surgery for benign diseases, especially due to the technique's associated efficacy and safety, substantial attention in relation to the use of this method has been

extended to the area of gastrointestinal cancer (Chen, Yan & Yuan et al., 2013). In this paper, the main aim is to unearth the efficacy of using minimally invasive surgery in the treatment of gastrointestinal cancer. Specific objectives include an exploration of some of the challenges facing health care providers in relation to the implementation of the procedure, as well as the recommendation of feasible solutions through which the utilization of this procedure could increase in the future.

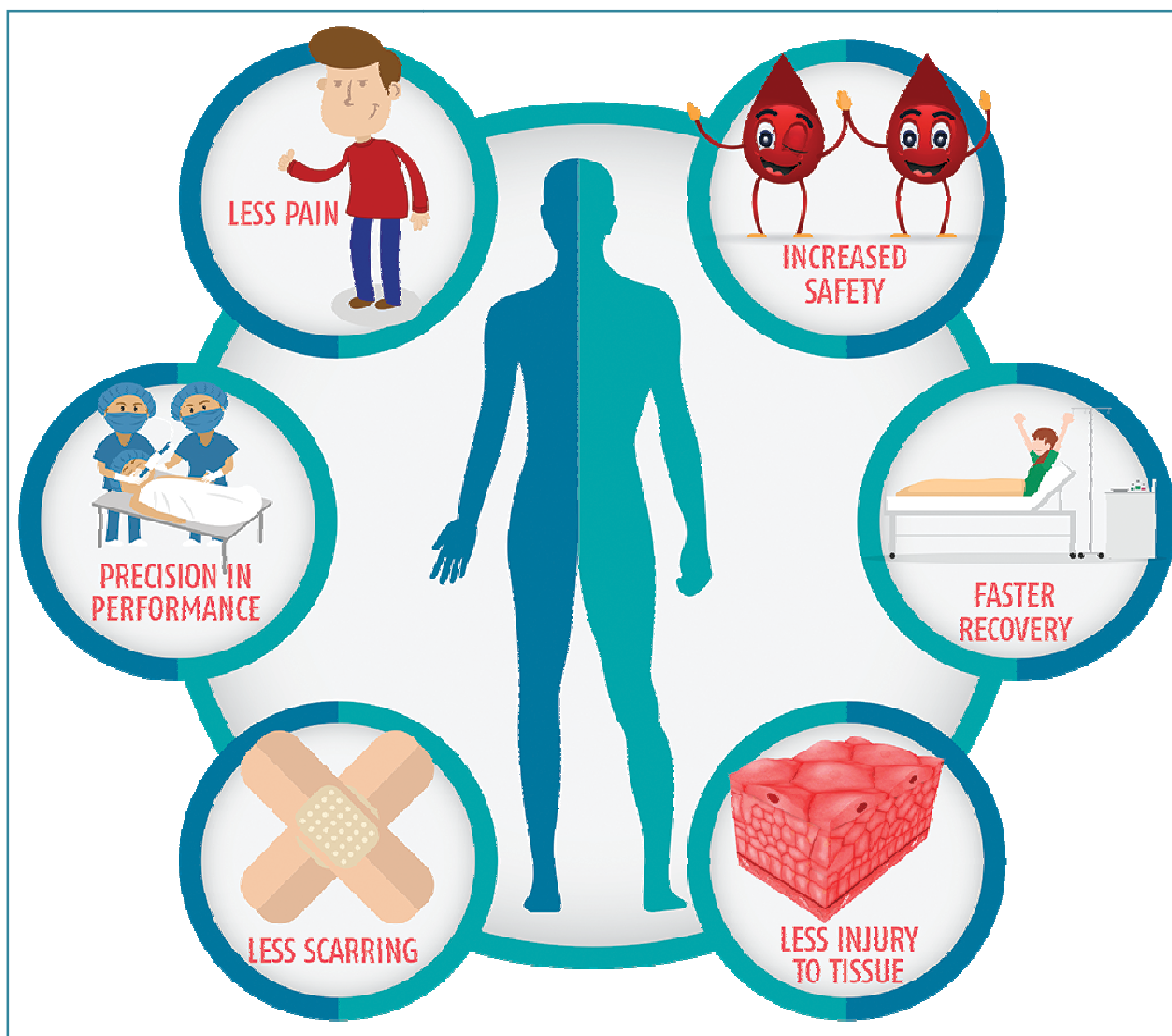


Figure 1: Summary of benefits of minimally invasive surgery

Source: Vorst, Kaoutzanis, Carbonell and Franz (2015)

In modern surgery, the last three decades have witnessed a landmark shift in the forms of minimally invasive surgery (MIS). Not only has MIS brought substantial patient-related benefits but also revolutionized surgery and proved beneficial to the society, as well as health systems (Chrysos, Tsiaoussis&Athanasakis et al., 2002). According to Hughes-Hallett, Mayer, Pratt, Vale and Darzi (2015), MIS' benefits to patients include better cosmetic outcomes, enhanced postoperative recovery, and reduced perioperative morbidity – compared to situations involving open surgery. For benign diseases, MIS has emerged as one of the promising forms of standard care. However, the early 1990s witnessed little enthusiasm regarding the use of MIS in complex gastrointestinal malignancy resections. Some of the factors that accounted for this trend included concerns and reluctance in relation to the oncologic outcomes and safety of MIS techniques

(Nicolau, Soler, Mutter &Marescaux, 2011). Other factors included costs and technical demands associated with the MIS techniques, as well as perceptions that laparoscopy was driven by the marketing and availability of technology, rather than clinical benefits that populations anticipated (Paterson, Qadan& de Luca et al., 2008). In gastrointestinal patients, one of the benefits of MIS involves the tolerance of adjuvant therapy and the time of initiation. Given that laparotomy incision accounts for the majority of morbidities in open surgery, which delays adjuvant therapy administration, the use of MIS implies that the initiation of adjuvant chemotherapy is unlikely to be delayed; yielding positive effects regarding the overall, as well as disease-free survival (Vorst, Kaoutzanis, Carbonell& Franz, 2015). Another benefit associated with MIS entails an increase in the quality of life. According to Woo, Hyung and Pak et

al. (2011), the majority of patients with cancer diagnoses, including the gastrointestinal cancer group, exhibit various psychological symptoms. As contended by Chen, Yan and Yuan et al. (2013), these symptoms account for a decrease in the patients' quality of life. However, laparoscopic colectomy has been associated with quality-of-life benefits. Overall, merits with which MIS is associated relative to its use in patients diagnosed with gastrointestinal cancer include better cosmetic outcomes, shorter inpatient stays for patients requiring admission, the provision of options for hysterectomy, quicker go-back-to-routine activities, and much shorter general healing times. Despite the promising nature of the use of MIS in cases of gastrointestinal cancer, Chrysos, Tsiaoussis and Athanasakis et al. (2002) stated that the main problem or challenge concerns training, especially regarding how MIS could be used to manage malignancies. As such, some of the solutions that are worth adopting include the use of robotic innovations to address laparoscopic ability complications and embracing partnerships between MIS cosmetic surgeons and hepatopancreatobiliary cosmetic surgeons or surgical oncologists. In the future, this paper predicts that MIS will gain increase application relative to the treatment of complex surgical conditions, especially if its associated obstacles to optimal patient care are addressed.

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