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Summary

EVALUATION OF THE EFFICACY OF LAPAROSCOPIC-ENDOSCOPIC COOPERATIVE SURGERY COMBINED WITH SENTINEL LYMPH NODE NAVIGATION SURGERY ON POSTOPERATIVE GASTRIC EMPTYING AND QUALITY OF LIFE IN PATIENTS WITH EARLY GASTRIC CANCER: A PROSPECTIVE RANDOMIZED CONTROLLED

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In a prospective RCT of 100 early gastric cancer patients, laparoscopic-endoscopic cooperative surgery with sentinel node navigation (LECS-SNNS) preserved gastric emptying function and improved quality of life at 3 months compared to standard laparoscopic gastrectomy, with no recurrences during short-term follow-up.

KEY POINTS

- LECS-SNNS showed superior perioperative outcomes including shorter operative time, reduced blood loss, and faster recovery of flatus, diet, and discharge compared to laparoscopic standard gastrectomy (all $P<0.05$).
- Gastric emptying was preserved in the LECS-SNNS group ($P>0.05$ vs. baseline) but was significantly delayed in the standard gastrectomy group; at 3 months, LECS-SNNS patients recovered to baseline gastric emptying.
- At 3 months, LECS-SNNS patients had higher Prognostic Nutritional Index and significantly better quality of life across global health status, functional scales, physical and mental summaries, reflux symptoms, eating restrictions, meal size, and total symptom scores (all $P<0.05$).
- No recurrence occurred in either group during the follow-up period.

- The study enrolled strictly selected early gastric cancer patients randomized 1:1 (n=50 per group) at a single center from August 2023 to August 2025, with gastric emptying assessed by radionuclide scintigraphy.
- The presenter noted that long-term follow-up (5 to 10 years) is planned to evaluate oncological outcomes, as current data represent short-term results only.

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