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This is the author's manuscript

Original Citation:

Availability:

This version is available <http://hdl.handle.net/2318/1655676> since 2018-01-05T12:19:39Z

Published version:

DOI:10.1177/2050640617737268

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This is the author's final version of the contribution published as:

MARIO MORINO,

Major advances in gastroenterology and hepatology over the last 25 years:
Review of 25th UEG Week Anniversary Session.

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United European Gastroenterology Journal

5(7): 1055-1056,2017 - DOI: 10.1177/2050640617737268

The publisher's version is available at:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5676554/>

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Link to this full text:

<http://hdl.handle.net/2318/1655676>

Major advances in gastroenterology and hepatology over the last 25 Years: Review of 25th UEG Week Anniversary Session

Laparoscopic surgery: A diagnostic and therapeutic success, Mario Morino⁹

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In April 1989, Jacques Perissat presented at the Sages Congress in Louisville the video of a laparoscopic cholecystectomy. K.A. Forde, Sages' President, defined that moment as 'a singular event that changed the history of surgery perhaps for all time.' In the following years, abdominal surgery was stormed by the so-called laparoscopic revolution: all abdominal surgical procedures were performed by laparoscopy by an international group of enthusiast minimal invasive surgeons.

The reason for such a huge success was the undeniable advantages of laparoscopy: reduced pain, quicker recovery, shorter postoperative ileus, shorter hospital stay, better cosmesis, and a better early quality of life. These advantages were self-evident to every patient. Randomized controlled trials were difficult to perform: for some procedures such as cholecystectomy, fundoplication, Heller myotomy, bariatric, IBD resections, adrenalectomy, splenectomy, etc. patients were reluctant to accept randomization, favouring laparoscopic access.

Oncologic digestive surgery was a different story. The typical advantages of laparoscopy were related to early postoperative courses; surgeons and oncologists were sceptical of long-term results. But in the years 2000–2010 robust RCTs confirmed that laparoscopy was superior to open surgery in terms of early clinical results without affecting long-term disease-free survival in colorectal cancer. These data prompted the diffusion of oncological procedures: nowadays, laparoscopy represents 50% of colorectal oncological surgery worldwide, while hepatic resections, partial and total gastrectomies and distal pancreatic resections are steadily gaining popularity.

After 25 years of continuous advances in minimal invasive surgery including robotics, transanal, 3D, etc. we can affirm that the surgical trend towards a reduction in the trauma of surgical access represents one of the major revolutions of surgery and will continue in the near future as a consequence of technical, technological and clinical progress.