

**Results:** We had 27 cases of GIST, 17 male, 10 female, mean age 66.3 year-old (39 to 92 y.o.). The primary lesion of GIST were 3 of esophagus (11.1%), 13 of stomach (48.1%), 2 of duodenum (7.4%), 7 of small intestine (25.9%) and 2 of large intestine (7.4%). We operated 25 cases without 1 of duodenum with liver metastases and 1 of small intestine with giant tumour. Conventional curative operation was carried out 17 cases. Laparoscopic curative operated 5 cases were less than 5 cm in size. Non curative operated 3 cases were all dead. 22 of curative operation had no postoperative adjuvant therapy and they are all alive without recurrence. Treatment of imatinib mesylate administered 5, 1 was effective and 4 were not effective. 1 effective case arisen from duodenum with liver metastases is alive in 74 months from the start of this therapy.

**Conclusions:** The goal of surgical treatment is complete gross resection with an intact pseudocapsule. Lymphadenectomy is usually unnecessary because lymph node metastases are so rare with GIST and sarcoma in general.

The first choice of surgical treatment of GIST is conventional curative resection of tumours according to Japanese Guideline. In selective cases of small tumour, laparoscopic complete resection is allowed for minimally invasive surgery. Treatment of imatinib mesylate should be done firstly in inoperative cases and secondly in cases of incomplete resection.

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#### Ultraradical Surgery and Heated Intraperitoneal Chemotherapy (HIPEC) as Multimodal Treatment of Advanced Colorectal Cancer

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**Background:** Examined does aggressive surgical treatment in combination with HIPEC (oxaliplatin) could increase median survival in patients with advanced stage of colorectal cancer.

**Method:** Ultraradical surgery and HIPEC was applied in patients who were initially with peritoneal carcinomatosis or infiltration in around organs. We evaluated the patients during the period 2000–2009 in this retrospective study.

**Results:** During 2000 and 2009 we performed 90 ultraradical surgical procedures which in considered: hysterectomy, bilateral adnexectomy and en block resection of rectosigmoid colon, total omentectomy, total peritonectomy, partial peritonectomy, splenectomy, liver resection.

All patients were treated with HIPEC (40C) using oxaliplatin (410 mg/m<sup>2</sup>) in 3l of perfusate during 90 minutes. The average duration of the procedure was 5h 57 minutes. The follow up period was 9 years. One year survival rate was 81.25% and three year survival rate was 56.25%.

**Conclusion:** Ultraradical surgery combined with HIPEC prolongs patient's survival and is considered to be a safe procedure if performed by the experience team of oncological surgeons.

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#### Needle Oophorepexy – a New Simple Technique for Ovarian Transposition Prior to Pelvic Irradiation

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**Background:** Irradiation of the pelvis in the treatment of cancers will result in ovarian failure unless the ovaries are shielded adequately. To protect the ovaries, an oophorepexy may be performed. Our aim was to evaluate the feasibility, morbidity, and efficacy of laparoscopic ovarian transposition using a simple percutaneous needle technique.

**Materials and Methods:** Fifteen patients (ten with rectal cancer and five with Hodgkin's disease) underwent the new laparoscopic oophorepexy technique. Laparoscopic releasing of the ovary was performed by cutting the utero-ovarian ligament followed by placing the ovaries on the anterior abdominal wall. A percutaneous straight needle was introduced through a 2-mm skin incision at the site of fixation. Repositioning of the ovaries was done on an outpatient basis without the need for readmission to the operating theatre.

**Results:** The technique was effective, reliable, and simple with no morbidities. Repositioning was performed simply in the outpatient clinic. At follow-up, 11 patients had evidence of ovarian function.

**Conclusion:** Percutaneous needle transposition of the ovaries is a simple, effective, reliable, and easy-to-perform technique. It has short learning curve and can be done by less experienced laparoscopic surgeons.

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#### The Value of Mastectomy Flap Fixation in Reducing Fluid Drainage and Seroma Formation in Breast Cancer Patients

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**Background:** Prolonged, and excessive drainage of serous fluid and seroma formation constitute the most common complications after mastectomy for breast carcinoma. Seroma formation delays wound healing, increases susceptibility to infection, skin flap necrosis, persistent pain and prolongs convalescence.

**Materials and Methods:** Between June 2009 and July 2010 forty patients with breast carcinoma, scheduled for modified radical mastectomy, were randomly divided into 2 groups, the study group (20) and the control group (20). In the study group; the mastectomy flaps were fixed to the underlying muscles in rows of stitches, at various parts of the flap and at the wound edge using fine absorbable sutures. In the control group; the wound was closed in the conventional method at the edges. Closed suction drains were used in both groups. Patients, tumour characteristics and operative related factors were recorded. The amount and colour of drained fluid were recorded daily. The drains were removed when the amount become less than 50 cc. The total amount and duration of drained fluid and the formation of seroma were recorded and the results were compared between the two groups.

**Results:** In the flap fixation group, the drain was removed in significantly shorter time compared to the control group ( $p < 0.001$ ). Also, the total amount of fluid drained was significantly lower in the flap fixation group ( $p < 0.001$ ). The flap fixation group showed a significantly lower frequency of seroma formation compared to the control group, both clinically ( $p = 0.028$ ) and ultrasonographically ( $p = 0.047$ ).

**Conclusions:** The mastectomy flap fixation technique is a valuable procedure that significantly decreases the incidence of seroma formation, and reduce the duration and amount of drained fluid. However, it should be tried on a much wider scale to prove its validity.

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#### Pancreatoduodenectomy With Portal Vein Resection and Reconstruction

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**Background:** Pancreatobiliary carcinoma readily progresses and infiltrates other tissues due to the invasiveness and the complex anatomy of the affected region. In particular, pancreatic head carcinoma frequently infiltrates the portal vein (PV). In the present study, we reviewed the cases of pancreatoduodenectomy (PD) with PV resection performed at our department.

**Methods:** Between April 2000 and March 2011, 223 patients with pancreatobiliary carcinoma underwent PD at our department. Patients were divided to 2 groups; PD with PV resection (PV group,  $n = 38$ ), and PD without PV resection (non-PV group,  $n = 185$ ). Clinicopathological data were compared. PD was always performed with extended lymphadenectomy. Data were expressed PV group to non-PV group in order.

**Results:** Mean ages were 67.6 and 68.9 years old, respectively. And males/females 20/18 and 110/75. Mean operation times were 583.4 vs. 547.8 minutes ( $P = 0.16$ ), and operative blood losses were 897.8 vs. 777.0 ml ( $P = 0.41$ ). Post-operative hospital stays were 34.0 days and 42.0 days ( $P = 0.11$ ). Mean survival periods was 23.6 months and 26.8 months, ( $P = 0.88$ ). In PV group, histological portal vein infiltration was observed in 21 of the 38 patients, and there were 3 cases of bile duct carcinoma and 18 cases of pancreatic head carcinoma.

**Case Study:** We present a video-taped operation of PD with PV resection. The patient was a 72-year-old female with suspected PV infiltration of pancreatic head carcinoma. Operation time was 450 minutes and blood loss was 933 ml. Invaded portal vein was resected and simply reconstructed with end to end anastomosis. Postoperative course was uneventful, and the patient was discharged on postoperative day 17.

**Conclusion:** PV resection should be combined with PD if PV infiltration is suspected.

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#### Pancreatic Remnant Occlusion After Whipple's Procedure: an Alternative Oncologically Safe Method

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**Background:** Progress in surgical technique and peri-operative management has significantly reduced the morbidity and mortality rate of pancreatic