NHS
National Institute for Health and Clinical Excellence

Understanding NICE guidance

Information for people who use NHS services

Keyhole surgery to remove all or part of the stomach to treat stomach cancer

NICE 'interventional procedures guidance' advises the NHS on when and how new procedures can be used in clinical practice.

This leaflet is about when and how keyhole surgery to remove all or part of the stomach can be used in the NHS to treat people with stomach cancer. It explains guidance (advice) from NICE (the National Institute for Health and Clinical Excellence).

Interventional procedures guidance makes recommendations on the safety of a procedure and how well it works. An interventional procedure is a test, treatment or surgery that involves a cut or puncture of the skin, or an endoscope to look inside the body, or energy sources such as X-rays, heat or ultrasound. The guidance does not cover whether or not the NHS should fund a procedure. Decisions about funding are taken by local NHS bodies (primary care trusts and hospital trusts) after considering how well the procedure works and whether it represents value for money for the NHS.

NICE has produced this guidance because the procedure is quite new. This means that there is not a lot of information yet about how well it works, how safe it is and which patients will benefit most from it.

This leaflet is written to help people who have been offered this procedure to decide whether to agree (consent) to it or not. It does not describe stomach cancer or the procedure in detail – a member of your healthcare team should also give you full information and advice about these. The leaflet includes some questions you may want to ask your doctor to help you reach a decision. Some sources of further information and support are on the back page.

Information about NICE interventional procedure guidance 269
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What has NICE said?

This procedure can be offered routinely as a treatment option for people with stomach cancer provided that doctors are sure that:

- the patient understands what is involved and agrees to the treatment, and
- the results of the procedure are monitored.

NICE has said that a team of specialist doctors who are experienced in the management of stomach cancer should decide which patients should have this procedure. NICE has also said that this is a complicated procedure that should only be carried out by doctors with special expertise and training in keyhole surgery. Surgeons should initially carry out the procedure alongside a surgeon who is very experienced in this type of surgery.

Other comments from NICE

Most of the available evidence is from Asia, where stomach cancer is much more common than in the UK and where screening detects many cancers at an early stage, when keyhole surgery can often be used. In addition, there was concern that fewer lymph nodes (tissues surrounding the cancer) might be removed in keyhole surgery than in open surgery, and that, if the cancer has spread to the lymph nodes, it could come back. However, the evidence that was available did not show any difference and NICE has said that more information about long-term results would be useful.

NICE is encouraging doctors to send information about everyone who has the procedure and what happens to them afterwards to a central store of information so that the results can be checked over time.

Keyhole surgery to remove all or part of the stomach to treat stomach cancer

This procedure may not be the only possible treatment for stomach cancer. Your healthcare team should talk to you about whether it is suitable for you and about any other treatment options available.

The medical name for this procedure is 'laparoscopic gastrectomy for cancer'. The procedure is not described in detail here – please talk to your specialist for a full description.

Depending on where in the stomach the cancer is, surgery involves having part or all of the stomach removed. Surgery to remove part of the stomach is called partial gastrectomy, and surgery to remove the entire stomach is called total gastrectomy. Both types of surgery traditionally involve a large operation and a long recovery time. In this procedure, the operation is done using keyhole surgery instead of open surgery. It is done under a general anaesthetic. A laparoscope (a fine telescope used to see inside the body) and trocars (narrow tubes through which surgical instruments are passed) are inserted through small cuts in the abdominal wall. A larger cut may be needed for some forms of surgery. The stomach is then partially or totally removed, together with the lymph nodes that are near the cancer.

What does this mean for me?

NICE has said that this procedure is safe enough and works well enough for use in the NHS. If your doctor thinks it is a suitable treatment option for you, he or she should still make sure you understand the benefits and risks before asking you to agree to it.

NICE has also decided that more information is needed about this procedure. Your doctor may ask you if details of your procedure can be used to help collect more information about this procedure. Your doctor will give you more information about this.

You may want to ask the questions below

- What does the procedure involve?
- What are the benefits I might get?
- How good are my chances of getting those benefits? Could having the procedure make me feel worse?
- Are there alternative procedures?
- What are the risks of the procedure?
- Are the risks minor or serious? How likely are they to happen?
- What care will I need after the operation?
- What happens if something goes wrong?
- What may happen if I don't have the procedure?

Summary of possible benefits and risks

Some of the benefits and risks seen in the studies considered by NICE are briefly described here. NICE looked at eight studies on this procedure.

You might decide to have this procedure, to have a different procedure, or not to have a procedure at all.

How well does the procedure work?

A large study of 1294 patients with early-stage stomach cancer who had this procedure showed that the rate of 5-year cancer-free survival was between 86% and 100%, depending on the stage of the cancer. A second study of 100 patients with more advanced cancer reported a rate of approximately 57%. Two studies looked at a total of 68 patients who had this procedure. After just over 1 year, 3 patients had died because the cancer came back (either to the original site or had spread somewhere else). In three studies involving a total of 1438 patients, the keyhole procedure had to be changed to open surgery in 18 patients. An analysis of studies involving 1611 patients, of whom 837 had the keyhole procedure, reported that fewer lymph nodes could be removed in the keyhole procedure than in open surgery.

As well as looking at these studies, NICE also asked expert advisers for their views. These advisers are clinical specialists in this field of medicine. The advisers said that the main success factors were survival to 30 days after the procedure, cancer-free survival rates and number of lymph nodes removed.

Risks and possible problems

The studies showed that there was either not much difference in complications between keyhole and open surgery, or that there were fewer complications linked with keyhole surgery. The analysis of studies involving 1611 patients showed that the 837 patients who had keyhole surgery had fewer complications overall. A study of 102 patients showed that there were slightly fewer cases of lung infections following keyhole surgery (1 out of 44 patients) compared with open surgery (6 out of 58 patients). The studies involving 1611 patients showed that there were fewer cases of intestinal blockage following keyhole surgery than with open surgery.

As well as looking at these studies, NICE also asked expert advisers for their views. These advisers are clinical specialists in this field of medicine. The advisers said that injury to nearby organs or blood vessels, blood clots in the veins, bleeding and problems where the section of stomach was cut away are all possible complications. In theory, other problems could include not removing enough lymph nodes, cancer cells spreading, intestinal or heart problems, or a hernia at the site of the operation.

More information about stomach cancer

NHS Direct online (www.nhsdirect.nhs.uk) may be a good starting point for finding out more. Your local Patient Advice and Liaison Service (PALS) may also be able to give you further advice and support.

About NICE

NICE produces guidance (advice) for the NHS about preventing, diagnosing and treating different medical conditions. The guidance is written by independent experts including healthcare professionals and people representing patients and carers. They consider how well an interventional procedure works and how safe it is, and ask the opinions of expert advisers. Interventional procedures guidance applies to the whole of the NHS in England, Wales, Scotland and Northern Ireland. Staff working in the NHS are expected to follow this guidance.

To find out more about NICE, its work and how it reaches decisions, see www.nice.org.uk/aboutguidance

This leaflet is about 'Laparoscopy gastrectomy for cancer.' This leaflet and the full guidance aimed at healthcare professionals are also available at www.nice.org.uk/IPG269

You can order printed copies of this leaflet from NICE publications (phone 0845 003 7783 or email publications@nice.org.uk and quote reference N1631).

We encourage voluntary sector organisations, NHS organisations and clinicians to use text from this booklet in their own information about this procedure.

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