Evolution in the Treatment of Esophageal Disease at a Single Institution: 2004-2013

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Background:
• The aim of this study was to analyze the evolution in the surgical management of esophageal disease at an academic medical center during the last decade.

Methods:
• We reviewed a retrospective cohort of patients who underwent an esophagectomy between 2004 and 2013 for benign and malignant esophageal disease.
• Patient, institutional and postoperative variables were abstracted and reviewed across the study period.

Results:
• 317 patients were included in our study.
• Malignancy accounted for 88% of esophagectomy patients in 2004 and 97% in 2013.
• Operations for high grade dysplasia (HGD) decreased 75% in the same period (p=0.008).
• In 2004, an Ivor Lewis esophagectomy was the most common surgical technique but the 3-Field technique has become the operation of choice in 2013 (54% vs. 71%, p<0.001).
• A laparoscopic approach was used in 19% of cases in 2004 and 100% of cases in 2013 (p<0.001).
• Anastomotic leaks occurred in 3% of patients in 2013 (3 to 14%, p=0.18).
• The average mortality rate for our cohort was 3.8%.

Conclusions:
• Over the last decade, our treatment of esophageal disease has evolved from a predominant open Ivor Lewis to a laparoscopic 3-Field approach.
• Operations for malignancy have also increased dramatically.
• Postoperative complications and mortality has been consistently low during the latter years of the study.