

## Gastroenterological Surgery 1

**Director** NAGINO, Masato (Professor)

7W • 13E

Experienced staff do their utmost to treat diseases, mainly tumors

Digestive Surgery 1 provides medical care mainly for tumors in the gastrointestinal tract including stomach, duodenum, small intestine, and large intestine and liver, biliary tract (gallbladder and bile duct), and pancreas.

### Medical Care System

A total of 28 surgeons with eight years or more of experience provide medical care. In the outpatient clinic, 10 surgeons with special expertise provide medical care three times a week (Monday, Wednesday, and Friday). In the inpatient department, at least two surgeons mainly provide medical care for each patient, but the treatment strategy and clinical course are always discussed with all members in our department.



### Target Disease

We perform preoperative diagnosis, surgical therapy, perioperative management, postoperative chemotherapy, and therapy for recurrent cancer. We treat diseases such as hepatobiliary and pancreatic malignant tumor, chronic pancreatitis, benign biliary tract disease (such as gallstones), esophageal tumor, stomach tumor, large intestine / colorectal tumor, and pelvic tumor.

### Strong Fields

We are confident in performing difficult surgery such as hepatopancreatoduodenectomy, hepatectomy with combined vascular resection for far-advanced biliary cancer and pelvic exenteration, and thoracolaparotomic esophagectomy. Especially, our department has the best treatment results for hilar cholangiocarcinoma regardless of whether in or outside of Japan. Recently we have also actively conducted non-invasive surgeries, such as laparoscopic liver resection, laparoscopic pancreatic resection, and single incision laparoscopic cholecystectomy, as well as robot-assisted surgeries for colorectal cancer using the da Vinci Surgical System.

### Clinical Results

The total number of surgeries in 2011 was 671. Of those, hepatectomy for biliary cancer: 68; other hepatectomies: 37 (of those, 17 are laparoscopic surgery); laparoscopic cholecystectomy: 25 (of those, 14 are single incision type); pancreaticoduodenectomy: 26; distal pancreatectomy: 12 (of those, 4 are laparoscopic surgery); surgery for esophageal cancer: 30; other esophageal surgery: 5; gastric cancer: 48 (of those, 9 are laparoscopic surgery); surgery for colon cancer: 68 (of those, 32 are laparoscopic surgery); surgery for rectal cancer: 69 (of those, 22 are laparoscopic surgery, 4 are robot-assisted surgery, and 14 are pelvic exenteration). The number of resections for hilar cholangiocarcinoma is the largest in Japan.

### Advanced Medicine and Research

Robot-assisted surgery for colorectal cancer using the da Vinci Surgical System. A phase III comparative study in patients with resected cholangiocarcinoma is conducted comparing the group receiving postoperative adjuvant chemotherapy with gemcitabine and the surgery alone group; a phase II clinical study of postoperative adjuvant chemotherapy with TS-1 in patients who underwent resection for liver metastasis resulting from colorectal cancer.



Website of the Department  
<http://www.med.nagoya-u.ac.jp/tumor/>

## Gastroenterological Surgery 2

**Director** KODERA, Yasuhiro (Professor)

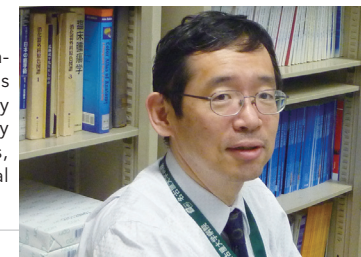
6W • 13W

Globally acclaimed for expertise in multidisciplinary approach and minimally invasive approach in all fields of gastrointestinal and hepatobiliary-pancreatic surgery

Multidisciplinary treatment with surgery at the core for neoplasms of the digestive system has been tailored for each patient and delivered with care.

### Medical Care System

11 academic and 19 medical members provide outpatient and inpatient medical care. The outpatient clinic is open on Tuesdays, Thursdays, and Fridays, staffed by specialists in esophageal, gastric, colon, hepatobiliary pancreatic, and endoscopic surgery. For inpatients, professors and doctors collaborate to provide medical care as a team.



### Target Disease

Patients with neoplasms and other intractable disorders of the digestive system including esophagus, stomach, colon, rectum, pancreas, liver and biliary system are treated. This would include cancer of all stages, gastroesophageal reflux disease, achalasia, Crohn's disease and ulcerative colitis. Laparoscopic approach has been selected where applicable.

### Strong Fields

We are one of the world's leading institutions in the combined resection of the pancreas and portal vein in pancreatic surgery using portal vein catheter bypass. A significant number of operations have been performed and it is now established as a safe procedure. For esophageal, gastric, colon, and other digestive tract cancers, we take a minimally invasive approach like endoscopic surgery whenever possible, as well as pursuing radical cure.

### Clinical Results

We perform resection for the following numbers of patients per year: esophagus: 50, stomach: 70, large bowel: 70, pancreas: 80, liver: 50. All cases of early-stage gastric cancer and 80% of patients with colorectal cancer have been treated by the laparoscopic approach. The number of pancreatectomies performed in the department has been outstanding in Japan.

### Advanced Medicine and Research

Our class operates an organization called Chubu Clinical Oncology Group (CCOG), and actively conducts tens of clinical studies on chemotherapies in the fields of gastric cancer, colorectal cancer, and pancreatic cancer at many facilities including hospitals affiliated to Nagoya University Hospital.



Website of the Department  
<http://www.med.nagoya-u.ac.jp/surgery2/clinical/index.html>