

Surgical treatment of peptic ulceration.

Authors: Kellum J.M.

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Abstract:

During the past year, evidence has accrued that while the incidence of elective surgery for peptic ulcer disease over the past 20 years has declined, the need for emergency surgery has remained stable and has been seen in higher risk patients. Ulcer complications, particularly perforation, are likely to occur in the elderly and in those taking nonsteroidal anti-inflammatory drugs. Proximal gastric vagotomy continues to gain in credibility as a definitive operation for duodenal ulcer, with reports of recurrence rates of 12% and 15% in two articles reporting follow-up of at least 10 years; however, much higher recurrence rates were observed in patients with prepyloric ulcers, pyloric channel ulcers, and combined gastric and duodenal ulcers. Techniques have been reported this year for the laparoscopic performance of a modified proximal gastric vagotomy that the author believes will broaden the application of surgery for duodenal ulcer.