

Li C, Mei JW, Yan M, Chen MM, Yao XX, Yang QM *et al.* Nasogastric decompression for radical gastrectomy for gastric cancer: a prospective randomised controlled study. *Dig Surg* 2011; **28**: 167–172.

One hundred and sixty one patients were divided into three groups: tube, no tube, intra-operative tube. Avoidance of a tube reduced hospital stay (no tube 10.2 versus tube 11.3 days,  $P = 0.031$ ), and reduced the rate of nausea. The number of postoperative complications was similar among the groups.

Liu HP, Zhang YC, Zhang YL, Yin LN, Wang J. Drain versus no-drain after gastrectomy for patients with advanced gastric cancer: systematic review and meta-analysis. *Dig Surg* 2011; **28**: 178–189.

Four randomized trials that included 435 procedures were studied. The avoidance of any drains shortened the duration of hospital stay ( $P = 0.009$ ) and reduced the rate of postoperative complications ( $P = 0.03$ ), but did not affect postoperative mortality.

Broeders J, Roks DJ, Ahmed Ali U, Draaisma WA, Smout AJ, Hazebroek EJ. Laparoscopic anterior versus posterior fundoplication for gastroesophageal reflux disease: systematic review and meta-analysis of randomized clinical trials. *Ann Surg* 2011; **254**: 39–47.

There was a total of 683 patients in seven randomized trials. Short-term (6–12 months), anterior fundoplication was associated with more heartburn (21 versus 8 per cent,  $P < 0.001$ ) and longer oesophageal acid exposure (3.3 versus 0.8 per cent,  $P < 0.001$ ), higher rate of reoperation (8 versus 4 per cent,  $P = 0.06$ ), but lower dysphagia scores (2.5 versus 5.7,  $P < 0.001$ ).

McHoney M, Wade A, Eaton S, Howard R, Kiely E, Drake D *et al.* Clinical outcome of a randomized controlled blinded trial of open versus laparoscopic Nissen fundoplication in infants and children. *Ann Surg* 2011; **254**: 209–216.

The authors were unable to show any major clinical differences between the methods in this study that included 39 procedures. Postoperative pain, complications and duration of hospital stay were similar for both techniques.

Nederlof N, Tilanus H, Tran TCK, Hop WCJ, Wijnhoven B, de Jonge J. End-to-end versus end-to-side esophagogastronomy after esophageal cancer resection: a prospective randomized study. *Ann Surg* 2011; **254**: 226–233.

The end-to-side anastomosis reduced the rate of subsequent anastomotic stricture that required dilatation: 18 versus 40 per cent,  $P < 0.001$ . However, this anastomosis was associated with a greater risk of anastomotic leakage (41 versus 22 per cent,  $P = 0.04$ ), that resulted in a longer stay in hospital (22 versus 15 days,  $P = 0.02$ ).

Diener MK, Seiler CM, Rossion I, Kleeff J, Glanemann M, Butturini G *et al.* Efficacy of stapler versus hand-sewn closure after distal pancreatectomy (DISPACT): a randomised, controlled multicentre trial. *Lancet* 2011; **377**: 1514–1522.

A total of 352 patients from 21 European hospitals were included in the final analysis. There was only one postoperative death (sutured group). The rates of pancreatic fistula after seven days were similar for the stapled (32 per cent) and sutured procedures (28 per cent,  $P = 0.56$ ).

Srinivasa S, Kahokehr AA, Yu T-C, Hill AG. Preoperative glucocorticoid use in major abdominal surgery: systematic review and meta-analysis of randomized trials. *Ann Surg* 2011; **254**: 183–191.

There were eleven trials that included 439 procedures. Preoperative administration of glucocorticoids was associated with a reduction in postoperative complications (odds ratio 0.37, 95 per cent confidence interval 0.21 to 0.64,  $P < 0.01$ ), and earlier discharge from hospital (mean reduction 1.97 days, 95 per cent confidence interval 0.61 to 3.33 days,  $P = 0.01$ ).

Liu X, Jia X, Guo W, Xiong GJ, Zhang H, Liu M *et al.*

Ultrasound-guided foam sclerotherapy of the great saphenous vein with sapheno-femoral ligation compared to standard stripping: a prospective clinical study. *Int Angiol* 2011; **30**: 321–326.

In this study that included 60 patients, use of foam instead of stripping during surgery was quicker (43 versus 65 min,  $P < 0.01$ ) and speeded up return to work (3 versus 6 days,  $P < 0.01$ ). Clinical benefits were similar, but 6-month occlusion rates were higher after stripping (89.5 versus 80 per cent); five patients in the foam group required retreatment.

Vuytsteke M, De Bo TH, Dompe G, Di Crisci D, Abbad CM, Mordon S. Endovenous laser treatment: is there a clinical difference between using a 1500 nm and a 980 nm diode laser? A multicenter randomised clinical trial. *Int Angiol* 2011; **30**: 327–334.

A total of 180 procedures for great saphenous varicose veins were studied. Six-month occlusion rates were similar: 980 nm 95.5 per cent; 1500 nm 93.1 per cent. There were fewer side effects such as pain and induration after use of the 1500 nm laser, which resulted in improved early quality-of-life ( $P = 0.018$ ) in this group.

Karanlik H, Kurul S, Saip P, Unal ES, Sen F, Disci R *et al.* The role of antibiotic prophylaxis in totally implantable venous access device placement: results of a single centre prospective randomized trial. *Am J Surg* 2011; **202**: 10–15.

The use of prophylactic cefazolin did not reduce the rate of surgical site infection (2.5 per cent versus 3 per cent for placebo,  $P = 0.75$ ) in this study that included 404 procedures.)

The trials listed here are added to the Scientific Surgery Archive which contains all randomized clinical trials in Surgery that have been identified by searching the top 50 English language medical journal issues since January 1998. The Archive, which is fully searchable, can be found on the BJS website ([www.bjs.co.uk](http://www.bjs.co.uk)) together with other useful features for surgeons such as Instructions to Authors, EarlyView of accepted articles and on-line Correspondence.

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