



Figure 2. Diagram outlining the incision for the medial approach to the sublingual gland.

The sublingual gland is then excised safely after adequate exposure of these important structures. This approach also permits better exposure and control of the troublesome sublingual vessels medial to the gland. Finally, the curvilinear incision is easily closed with resorbable interrupted sutures after removal of the tongue transfixion sutures.

These modifications to the Yates technique, we believe, further facilitate surgery in the sublingual region.

W P SMITH FDSRCS FRCS
Senior Registrar

J LL WILLIAMS FDSRCS FRCS
Consultant

St Richard's Hospital
Chichester

Description of the Japanese method of radical gastrectomy

I congratulate Mr McCulloch on the above article, (*Annals*, March 1994, vol 76, p110). I have recently visited the same centre myself and can confirm that the author has identified many of the points which set the Japanese procedure apart as a technical *tour de force*. Some comment is required, however, to put the matter into context.

The Japanese surgeons enjoy many advantages denied to their Western colleagues; the patients tend to be younger and thinner and up to 50% of cases are 'early gastric cancer' (EGC). In the latter instance, there is frequently no intra-abdominal pathology visible whatsoever and certainly no tumour mass to distort delicate anatomy and hinder dissection. Furthermore, the surgery is performed without time constraints (a 'standard' R2 dissection for EGC takes about 4 h, para-aortic node dissection a further 2–3 h) and with remarkably placid anaesthetic assistance.

The other major field of difference is the importance to the Japanese of a multidisciplinary approach to management from the moment of presentation onwards.

Exhaustive radiology combined with repeated endoscopy ensure that not only is the pathological type of tumour known preoperatively, but also its likely depth of invasion, radial extent of invasion and stage of dissemination, such that a detailed operative plan can be formulated in advance. Finally, as alluded to in the article, the pathological analysis of the specimen is of paramount importance and represents a considerable commitment as even a 'standard' R2 dissection will generate 150–200 lymph node specimens.

If, as seems likely, an increasing number of UK surgeons are enthused with the Japanese approach, it will be essential that suitable resources are made available and that associated specialties advance in unison or the potential advantages of radical surgery may be lost.

JEREMY I LIVINGSTONE MS FRCS
Surgical Senior Registrar

Chelsea and Westminster Hospital
London

GORA: a scoring system for the quantification of risk of graft occlusion

We read with interest the paper by Copeland *et al.* (*Annals*, March 1994, vol 76, p132) regarding the use of a statistically derived scoring system to predict the risk of graft occlusion. The results presented in Table II suggest that the GORA score is an accurate predictor of graft occlusion which is misleading as the authors do not report the positive and negative predictive accuracy for each of the score ranges. Indeed, the receiver-operator curve shown in Fig. 1 shows that the ability to predict a graft occlusion in *an individual patient* is far from good. What is required, both for patient management and clinical audit, is a method of predicting outcome on an individual patient basis. Currently, the most accurate methods of predicting outcome are based on haemodynamic measurements made at operation (1,2), but there are, as yet, no reliable preoperative methods for doing so. We feel that it is important to point out that, based on the data presented in this paper, the GORA score will be of little use in helping to decide which patients should be operated on, except in the cases with very high scores. There is a risk that, in trying to achieve audit standards, the use of such a scoring system may lead to patients with high scores being denied surgery when some would benefit from the surgery. However, we would like to endorse the use of standardised, prospective, structured data collection in all patients undergoing vascular procedures, so that when new techniques are developed there is a large database with which to validate them.

S R DODDS FRCS
Surgical Registrar

A R COWEN FRCS
Surgical Research Fellow

A D B CHANT MS FRCS
Consultant Surgeon

Royal South Hants Hospital
Southampton

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