Patient Perception of Natural Orifice Transluminal Endoscopic Surgery in an Endoscopy Screening Program in Korea

Min-Chan Kim,1 Ki-Han Kim,1 Jin-Seok Jang,2 Hyuk-Chan Kwon,2 Byoung-Gwon Kim,3 and David W. Rattner4

Departments of 1Surgery, 2Internal Medicine, and 3Preventive Medicine, Dong-A University College of Medicine, Busan, Korea. 4Department of Surgery, Massachusetts General Hospital, Harvard Medical School, Boston, MA, USA.

Received: October 19, 2011
Revised: November 7, 2011
Accepted: November 14, 2011
Corresponding author: Dr. David W. Rattner, Department of Surgery, Massachusetts General Hospital, 15 Parkman St. Boston, MA 02114, USA.
Tel: 617-726-1893, Fax: 617-724-0355
E-mail: drattner@partners.org

· The authors have no financial conflicts of interest.

© Copyright: Yonsei University College of Medicine 2012
This is an Open Access article distributed under the terms of the Creative Commons Attribution Non-Commercial License (http://creativecommons.org/licenses/by-nc/3.0) which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

INTRODUCTION

Purpose: Natural orifice transluminal endoscopic surgery (NOTES) is a new method of accessing intracavitary organs in order to minimize pain by avoiding incisions in the body wall. The aim of this study is to determine patients’ acceptance of NOTES in Korea and to compare their views about laparoscopic surgery and NOTES for benign and malignant diseases. Materials and Methods: The target number of total subjects was calculated to be 540. The subjects were classified into 18 sub-groups based on age groups, gender, and history of prior surgery. The questionnaire elicited information about demographic characteristics, medical check-ups, diseases, endoscopic and surgical histories, marital status and childbirth, the acceptance of NOTES, and the preferred routes for NOTES. In addition, the subjects chose laparoscopic surgery or NOTES for a hypothetical cholecystectomy and rectal cancer surgery, and responded to questions regarding the acceptable complication rate of NOTES, the appropriate cost of NOTES, and the reason(s) why they did not select NOTES. Results: 486 of 540 patients (90.0%) who agreed to participate in this study completed the questionnaire. NOTES was preferred by the following patients: elderly; a history of treatment due to a disease; having regular check-ups; and a history of an endoscopic procedure (p<0.05). The most preferred route for NOTES was the stomach (67.1%). Eighty-four percent of the patients choosing NOTES responded that the complication rate of the new surgical method should be the same or lower than laparoscopic surgery. Vague anxiety over a new surgical method was the most common reason why NOTES was not selected in benign and malignant diseases (64% and 73%), respectively. Conclusion: Patients appear to be interested in the potential benefits of NOTES and would embrace it if their concerns about safety are met. We believe that qualified surgical endoscopists can meet these safety concerns, and that NOTES development has the potential to flourish.

Key Words: NOTES, endoscopy, surgery, patient perception, survey

INTRODUCTION

Natural orifice transluminal endoscopic surgery (NOTES) is a new method of accessing intracavitary organs in order to minimize pain by avoiding incisions in the
A key concept in the development of NOTES was the use of a standard flexible endoscope to access the abdominal cavity via a gastrotomy, much as done for endoscopic cyst-gastrostomies. As the NOTES movement progressed, it was appreciated that other natural orifices, such as the anus, the urethra, and the vagina could also serve as portals of entry.

As with most novel surgical methods, providers and patients’ opinions on NOTES vary. Many surgeons question if this new surgical method will be accepted in the years to come and are interested in the perception of NOTES among patients. Although the perceptions of NOTES by patients have been studied in some countries, most were in Western countries. No study has been conducted in countries where a national endoscopic screening program for gastric cancer is actively utilized, such as Korea and Japan. Widespread familiarity with endoscopy by patients could potentially impact their perception of NOTES. Therefore, this study aimed to determine patients’ acceptance of NOTES in Korea and to compare their views about laparoscopic surgery and NOTES for benign and malignant diseases.

**RESULTS**

Four hundred eighty-six of 540 patients (90.0%) who agreed to participate in this study completed the questionnaire. Among the subjects, 375 (77.2%) had a regular check-up, 344 (70.1%) had an associated disease, 388 (79.8%) underwent endoscopy previously, and 146 (30.0%) graduated from college or a higher academic institution. Four hundred nine patients (84.2%) said that they were willing to undergo NOTES. NOTES was preferred by the following patients: elderly; a history of treatment due to a disease; having regular check-ups; and a history of an endoscopic procedure ($p<0.05$) (Table 1). The patients graduated from a postgraduate school or a higher academic institution tended to be cautious about NOTES. The preferred routes for NOTES were the stomach (67.1%), rectum (26.7%), and the vagina (6.2%) (Fig. 1).

The preference for NOTES was not significantly different between benign and malignant diseases (Table 2). Specifically, the acceptance rate of NOTES was 85% and 86% in benign and malignant diseases, respectively. Eighty-four percent of the patients choosing NOTES responded that the complication rate of the new surgical method should be the same or lower than laparoscopic surgery. However, if the theoretical advantage of NOTES was achieved, >70% of the pa-

**MATERIALS AND METHODS**

This study was approved by the Institutional Review Board (IRB) of Dong-A University Medical Center (No. 10-10-18). An explanation about laparoscopic surgery and NOTES for the general population was inserted into the consent form, and a clinical research nurse explained the study (Appendix 1). A questionnaire with 18 questions was distributed to the patients agreeing to participate in this study, and was returned upon self-completion (Appendix 2). The subjects were classified into 18 sub-groups based on age groups (20-39, 40-59, and 60+ years), gender (male or female), and history of prior surgery (open, laparoscopy, or none). The target number of total subjects was calculated to be 540, as determined by the minimal number for non-parametric testing (30 in each sub-group). The questionnaire survey was administered in outpatient clinics of the Surgery and Gastroenterology Departments and the Health Promotion Center at Dong-A University Medical Center for 5 months (May-September 2010), and the data were statistically analyzed with STATA/SE 11.1 (Stata Corp. LP, College Station, TX, USA).

The questionnaire elicited information about demographic characteristics, medical check-ups, diseases, endoscopic and surgical histories, marital status and childbirth, the acceptance of NOTES, and the preferred routes for NOTES. In addition, the subjects chose laparoscopic surgery or NOTES for a hypothetical cholecystectomy and rectal cancer surgery, and responded to questions regarding the acceptable complication rate of NOTES, the appropriate cost of NOTES, and the reason(s) why they did not select NOTES.

![Fig. 1. Preference of route in NOTES. Among 486 patients who preferred NOTES, 326 patients (67.1%) chose transgastric approach for NOTES. NOTES, natural orifice transluminal endoscopic surgery.](image-url)
DISCUSSION

NOTES is a new surgical method intended to make surgery... patients were willing to pay >1.5 times the cost of laparoscopic surgery. Vague anxiety over a new surgical method was the most common reason why NOTES was not selected in benign and malignant diseases (64% and 73%), respectively.

Table 1. Survey of Population Demographics and Factors Associated with Preference of NOTES

<table>
<thead>
<tr>
<th>Age distribution (yrs)</th>
<th>Total no. (%) (n=486)</th>
<th>Preferred NOTES (%) (n=409, 84.2%)</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-39</td>
<td>178 (36.7)</td>
<td>127 (71.3)</td>
<td>0.000</td>
</tr>
<tr>
<td>40-59</td>
<td>162 (33.3)</td>
<td>147 (90.7)</td>
<td></td>
</tr>
<tr>
<td>60-79</td>
<td>146 (30.0)</td>
<td>135 (92.5)</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td>0.509</td>
</tr>
<tr>
<td>Male</td>
<td>244 (50.2)</td>
<td>208 (85.2)</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>242 (49.8)</td>
<td>201 (83.0)</td>
<td></td>
</tr>
<tr>
<td>Previous surgical history</td>
<td></td>
<td></td>
<td>0.848</td>
</tr>
<tr>
<td>Open</td>
<td>173 (35.5)</td>
<td>143 (82.7)</td>
<td></td>
</tr>
<tr>
<td>Laparoscopy</td>
<td>164 (33.7)</td>
<td>129 (78.7)</td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>155 (31.8)</td>
<td>130 (83.9)</td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
<td>0.000</td>
</tr>
<tr>
<td>Up to elementary school</td>
<td>81 (16.7)</td>
<td>73 (90.1)</td>
<td></td>
</tr>
<tr>
<td>Up to high school</td>
<td>203 (41.7)</td>
<td>183 (90.1)</td>
<td></td>
</tr>
<tr>
<td>Up to college and beyond</td>
<td>202 (41.6)</td>
<td>153 (75.7)</td>
<td></td>
</tr>
<tr>
<td>Regular medical check-up</td>
<td></td>
<td></td>
<td>0.002</td>
</tr>
<tr>
<td>Yes</td>
<td>375 (77.2)</td>
<td>326 (86.9)</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>111 (22.8)</td>
<td>83 (74.7)</td>
<td></td>
</tr>
<tr>
<td>Previous endoscopy</td>
<td></td>
<td></td>
<td>0.000</td>
</tr>
<tr>
<td>Yes</td>
<td>388 (79.8)</td>
<td>340 (87.6)</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>98 (20.2)</td>
<td>69 (70.4)</td>
<td></td>
</tr>
<tr>
<td>Co-morbidity</td>
<td></td>
<td></td>
<td>0.000</td>
</tr>
<tr>
<td>Yes</td>
<td>344 (70.8)</td>
<td>309 (89.8)</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>142 (29.2)</td>
<td>100 (70.4)</td>
<td></td>
</tr>
</tbody>
</table>

NOTES, natural orifice transluminal endoscopic surgery.

Table 2. Survey of Population Perception of NOTES Based on Benign and Malignant Diseases

<table>
<thead>
<tr>
<th>Preference</th>
<th>Benign gallbladder surgery (%)</th>
<th>Rectal cancer surgery (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laparoscopic surgery</td>
<td>73 (15)</td>
<td>68 (14)</td>
</tr>
<tr>
<td>NOTES</td>
<td>413 (85)</td>
<td>418 (86)</td>
</tr>
<tr>
<td>Acceptable complication rate of NOTES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5%</td>
<td>347 (84)</td>
<td>349 (84)</td>
</tr>
<tr>
<td>10%</td>
<td>66 (16)</td>
<td>69 (16)</td>
</tr>
<tr>
<td>Appropriate cost of NOTES comparing laparoscopic surgery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equivalent</td>
<td>129 (31)</td>
<td>134 (32)</td>
</tr>
<tr>
<td>1.5 times</td>
<td>232 (56)</td>
<td>243 (58)</td>
</tr>
<tr>
<td>2 times</td>
<td>39 (9)</td>
<td>33 (8)</td>
</tr>
<tr>
<td>&gt;2 times</td>
<td>13 (3)</td>
<td>8 (2)</td>
</tr>
<tr>
<td>Reason for choosing laparoscopic surgery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No advantage of NOTES over laparoscopic surgery</td>
<td>7 (10)</td>
<td>8 (12)</td>
</tr>
<tr>
<td>I do not like to remove something from my mouth or rectum</td>
<td>10 (13)</td>
<td>10 (15)</td>
</tr>
<tr>
<td>NOTES sounds more risky</td>
<td>9 (12)</td>
<td>NA</td>
</tr>
<tr>
<td>NOTES is too new</td>
<td>47 (64)</td>
<td>50 (73)</td>
</tr>
</tbody>
</table>

NOTES, natural orifice transluminal endoscopic surgery; NA, not available.
eral interventions less morbid. Since the use of natural ori-

fices for access routes creates some technical challenges and
raises concerns about infections and viscerotomy clo-
sure, many animal experiments on the feasibility of NOTES
have been conducted during the last several years.8–11 After
a phase of laboratory investigation, many NOTES proce-
dures have been safely performed in humans, including
transvaginal cholecystectomy, transgastric cholecystecto-
ymy, various gynecologic procedures, sleeve gastrectomy,
and liver biopsy.12,13 Nevertheless, there is skepticism in
both the medical community and regulatory bodies about
the wisdom of application of NOTES in humans.

In previous survey studies involving NOTES, patient
preferences for NOTES as a method of cholecystectomy were
56–78%.2,4 A study conducted in a surgical outpatient
clinic revealed that the complication rate, convalescence,
and post-operative pain were more important than cost, aes-
thetic effect, length of hospital stay after surgery, and type
of anesthesia in influencing patients’ decisions. NOTES
was preferred by patients graduated from college or a high-
er academic institution, and the preference for NOTES was
low in patients >70 years of age and those who had under-
gone an endoscopic procedure.2 Another study performed
in an outpatient clinic of an Internal Medicine Department
reported that the rate of preference for NOTES was very
high (78%); NOTES was preferred by younger patients and
patients with a history of an endoscopic procedure.3 These
patients were inclined to have NOTES because it provoked
less pain and left no scar.1 In addition, a survey on the per-
ception of transvaginal NOTES cholecystectomies among
female patients reported that 68% of the patients wanted
NOTES because it was not associated with post-operative
hernias and caused less pain. However, a subset of younger
and nulliparous patients worried about their sex life and in-
fertility after undergoing NOTES. The most common rea-
given for not preferring NOTES was the possibility of
infection.4 In contrast with a positive perception of NOTES
in these studies, other surveys of the general population,
surgeons, and paramedical staff have reported a much lower
acceptance rate.5,6

Gastroscopy is a very common example of a national
health screening program which is conducted in countries
with high incidence rates of gastric cancer, such as Korea
and Japan. In Korea, adults ≥40 years of age are advised to
have a gastroscopy every 2 years. The routine nature of this
procedure might be the basis for the high acceptance rate of
NOTES by the patients whom we surveyed and where the
stomach is preferred as a route for NOTES in the current
study. According to the findings of the current study, pa-
tients and surgeons thought that the complication rate of
the new surgical method should be similar to existing tech-
niques. Of note, the patient’s willingness to pay an addi-
tional cost for the new method with clinical benefits has
significant implications for clinicians.

A questionnaire-based survey, as in the current study, can
lead to subject and investigator bias. The current study con-
sidered not only the patients with a history of surgery and
existing disease in the outpatient clinics of the Surgery and
Gastroenterology Departments and the Health Promotion
Center, but also their guardians as individuals with no his-
tory of disease, therefore, it was a systematic study which
evaluated surgical history, age, and gender together. This
questionnaire survey was also conducted by just one clini-
cal research nurse in order to obtain consistency and to
minimize the bias.

Although NOTES has gained considerable attention from
gastroenterologists and surgeons worldwide, there are ob-
stacles to NOTES that should be addressed. Some of the
obstacles are technical challenges that are being addressed
by new instrument development. Another obstacle is pro-
viding appropriate training to practitioners who want to
start performing NOTES procedures. A third and still for-
midable obstacle is obtaining approval of IRBs and regula-
tory bodies to complete clinical trials and device develop-
ment, so that NOTES becomes easier to perform and the
safety demonstrated in the early NOTES experience can be
confirmed on a large scale. On the basis of this study, pa-
tients would appear to be interested in the potential benefits
of NOTES and would embrace it if their concerns about
safety are met. Given the outstanding results that have been
published by groups in Germany11 and elsewhere, we be-
lieve that qualified surgical endoscopists can meet these
safety concerns, and that NOTES development has the po-
tential to flourish.

ACKNOWLEDGEMENTS

This work was supported by the Dong-A University re-
search fund.
APPENDIX 1

What is laparoscopic surgery?
Laparoscopic surgery means surgery for an organ in the abdominal cavity conducted by inserting trocars into the abdominal cavity on the abdominal wall, and by putting a camera and laparoscopic tools into the trocar. It leads to less wound, less postoperative pain, shorter convalescence and few wound-related complication than open surgery.

What is natural orifice transluminal endoscopic surgery (NOTES)?
NOTES is a surgical method inserting an endoscope through the mouth, the anus or the vagina (natural orifice), incising the internal surface of the esophagus, the stomach, the rectum or the vagina (transluminal) to enter into the abdominal cavity or the thoracic cavity and conducting an endoscopic operation. Therefore, it provokes mild postoperative pain and prevents skin wound-related postoperative complication (wound infection, hemorrhage, wound hernia and intestinal adhesion) due to no wound on the abdominal skin. However, NOTES makes a wound on the internal surface of the bowel to insert an endoscope instead of skin wound and needs special equipments including an endoscope.

APPENDIX 2

Questionnaire
1. Gender; Male ( ) Female ( )
2. Day of birth; Born in 19
3. Final academic background;
   Elementary school ( ) Middle or high school ( ) College ( ) Postgraduate school or higher ( )
4. Do you have a regular medical check-up (by 1-2 years)?
   Yes ( ) No ( )
5. Have you taken medications or regular examinations after diagnosed as a specific disease by a physician?
   If you have, which disease did you have?
   Yes; Gastrointestinal disease ( ) Large intestine · anus disease ( ) Gynecologic disease ( ) Other ( )
   No ( )
6. Have you taken endoscopy? If you have, which type of endoscopy did you undergo?
   Yes; Gastroscopy ( ) Colonoscopy ( ) Bronchoscopy ( ) Other ( )
   No ( )
7. Have you undergone surgery? If you have, which type of surgery was it?
   Yes; Open surgery ( ) Laparoscopic surgery ( )
   No ( )
8. (Only for females) Have you been married and have you given birth?
   Married; No ( ) Yes ( )
   Childbirth; No ( ) One ( ) Two ( ) Three or more ( )
9. Do you have an intention to undergo NOTES?  
   Yes ( ) No ( )

10. Which route is considered to be the best among three routes of NOTES?  
    Stomach ( ) Vagina ( ) Rectum ( )

11. This includes questions made on the assumption that you are expected to undergo surgery due to a following disease.

1) If outcomes of laparoscopic surgery and NOTES for cholecystectomy are as follows, please answer questions below

**Laparoscopic cholecystectomy** is a surgical method conducted for most gallbladder stone patients. It needs 1-2 day admission after the surgery and leaves three 0.5-1 cm wounds on the abdomen. Its postoperative complication rate is around 5% and most patients can return to their work within 2-3 weeks after surgery. It costs around 1 thousand US dollar as out-of-pocket payment.

**NOTES cholecystectomy** is a surgical method resecting the gallbladder by inserting an endoscope through the mouth, the anus or the vagina, incising the bowel for the endoscope to enter into the abdominal cavity. It produces no wound on the abdomen, patients can be discharged on the day of the operation or the next day and patients can return to their work in around one week after surgery.

A. Which one do you prefer, laparoscopic surgery or NOTES?  
   a. Laparoscopic surgery   b. NOTES

B. If you choose NOTES, what is an acceptable complication rate of NOTES cholecystectomy?  
   (the complication rate of laparoscopic surgery is less than 5%)  
   a. Less than 5%   b. Less than 10%   c. Less than 15%   d. Less than 20%

C. If you choose NOTES, what is an appropriate cost of NOTES compared to laparoscopic surgery?  
   a. It should be same with the cost of laparoscopic surgery  
   b. 1.5 times of the cost of laparoscopic surgery  
   c. 2 times of the cost of laparoscopic surgery  
   d. Over 2 times of the cost of laparoscopic surgery

D. If you choose laparoscopic surgery, why do you do?  
   a. NOTES does not seem to have considerable benefits in terms of recovery compared to laparoscopic surgery  
   b. I don’t want for the resected organ taken out through my mouth, anus or vagina even though I am under anesthesia  
   c. I worry about bowel incision for endoscopic entrance into the abdominal cavity  
   d. I have a vague anxiety over a new surgical method

2) If outcomes of laparoscopic surgery and NOTES for rectal cancer are as follows, please answer following questions

**Laparoscopic rectal surgery** is a surgery widely conducted to treat rectal cancer. It needs 7-8 day admission after sur-
A. Which one do you prefer, laparoscopic surgery or NOTES?
   a. Laparoscopic surgery   b. NOTES

B. If you choose NOTES, what is an acceptable complication rate of NOTES rectal surgery?
   (the complication rate of laparoscopic surgery is around 10%)
   a. Less than 10%   b. Less than 15%   c. Less than 20%   d. Over 20%

C. If you choose NOTES, what is an appropriate cost if NOTES compared to laparoscopic surgery?
   a. It should be same with the cost of laparoscopic surgery
   b. 1.5 times of the cost of laparoscopic surgery
   c. 2 times of the cost of laparoscopic surgery
   d. Over 2 times of the cost of laparoscopic surgery

D. If you choose laparoscopic surgery, why do you do?
   a. NOTES does not seem to have considerable benefits in terms of recovery compared to laparoscopic surgery
   b. I don’t want for the resected organ taken out through my mouth, anus or vagina even though I am under anesthesia
   c. I have a vague anxiety over a new surgical method

REFERENCES
