

特別企画

📅 2025年11月14日(金) 14:05 ~ 15:35 🏢 第1会場

[SP3] 特別企画 3

司会：黒柳 洋弥(虎の門病院), 大植 雅之(大阪国際がんセンター消化器外科)

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No cut video: 進行下部直腸癌に対する側方郭清

塚本 俊輔, 田藏 昂平, 加藤 岳晴, 永田 洋士, 高見澤 康之, 森谷 弘乃介, 金光 幸秀 (国立がん研究センター中央病院大腸外科)

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Background: The aim of lateral lymph node dissection for advanced lower rectal cancer is to reduce local recurrence after surgery. However, the anatomy of the lateral pelvic space is complex, and it is crucial to properly expose the tissue during surgery in order to identify the target structures.

Surgical Procedure: Our department follows these steps: 1. Preservation of the ureter and autonomic nerves. 2. Identification and dissection of the internal iliac arteries and veins. 3. Dissection of medial to the inferior vesical arteries and veins. 4. Dissection along the medial edge of the obturator cavity. 5. Dissection on the distal side of the obturator cavity. 6. Determination of the resection line along the lateral and proximal sides of the obturator cavity. 7. Preservation of the obturator nerve. 8. Dissection of the floor of the obturator space. To make it easier to understand, these procedures can be divided into two parts: steps 1 to 3 are considered the dissection of the medial side of the internal iliac vessels, while steps 4 to 7 pertain to dissection of the obturator cavity.

Surgical Key Points: To avoid vascular injury, dissection should be performed along the vessels, and the lymphatic tissue should be removed as en bloc by dissecting along the surgical plane. Since each type of forceps has different characteristics, the retraction forceps should be used to strongly retract the tissue to expand the surgical field, while the left-hand forceps should gently grasp the tissue to avoid fat tissue compression.

Conclusion: In order to safely and reliably perform the difficult lateral lymph node dissection under robot-assisted surgery, it is essential to master the basic robotic surgical techniques and ensure proper exposure of the surgical field.