Special Program

Sat. Nov 15, 2025 1:30 PM - 3:00 PM JST | Sat. Nov 15, 2025 4:30 AM - 6:00 AM UTC Room 1

[SP5] Special Program 5 (English Slide)

司会：惠木 浩之(北里大学メディカルセンター外科), 藤田 文彦(久留米大学外科)

[SP5]

No cut video: Right hemicolectomy, surgical trunk dissection (+ intracorporeal anastomosis)

Hiroyasu Kagawa, 杉下 哲夫, 鳴海 絢, 原田 紡, 伊藤 望, 勝谷 俊介, 西山 優, 池田 晋太郎, 國本 真由, 後藤 佳名子, 中田 美佳, 三浦 竣助, 青柳 康子, 山本 雄大, 山内 慎一, 花岡 まりえ, 絹笠 祐介 (Department of Gastrointestinal Surgery, Institute of Science Tokyo)

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Radical surgery for right colon cancer entails Complete Mesocolic Excision (CME) with D3 lymph node dissection, defined by the left border of the superior mesenteric vein (SMV). A medial approach is usually performed, with the inferior approach reserved for select cases.
The procedure begins by tensioning the mesentery and aligning the SMV. Using TIP-UP forceps, the mesentery near the ileocolic artery is grasped, the mesentery is incised, and the retroperitoneal plane is identified. Dissection proceeds cranially while safeguarding the duodenum. Lymph nodes are dissected with coordinated traction: the assistant retracts laterally while the surgeon applies countertraction. Lymphatic tissue over the anterior SMV is divided with monopolar curved scissors at low energy.
Once the SMV plane is defined, cranial dissection continues. The ileocolic artery and vein is divided at its root. Dissection proceeds along the SMV. Further continuing the medial approach toward the duodenum and pancreas, with the right limit marked by the pancreatic branch and the right colic vein from the gastrocolic trunk.
Lymph node dissection of the middle mesenteric artery is performed, and the artery (root or right branch) and middle mesenteric vein are divided. The gastrocolic trunk is addressed last, completing mesocolon mobilization. Hepatic flexure and lateral attachments are divided to finalize mobilization and lymph node dissection.
Intracorporeal anastomosis is usually performed using the overlap method, ensuring a ≥10 cm tumor margin. The mesentery is divided with advanced bipolar energy, bowel ends resected with a stapler, and the entry hole closed with stapler or running suture. A surgical video will be presented.