English Abstract Session

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[E3] English Abstract Session 3 Colorectal Surgery 2

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[E3-5] Cranial-caudal-medial approach, counterclockwise complete mesocolic excision in laparoscopic right hemicolectomy- A video vignette.

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Hohenberger proposed complete mesocolic excision (CME) to optimize oncological outcomes via central vascular ligation. Laparoscopic right hemicolectomy has shifted from lateral (open era) to medial/caudal approaches. However, medial approaches face challenges in identifying the superior mesenteric vein (SMV) in obese patients, while anatomical variations of the gastrocolonic trunk (GCT) increase bleeding risks during dissection.
We propose a cranial-caudal-medial counterclockwise CME approach:
Cranial-first: Early separation of GCT branches reduces bleeding risks.
Caudal: Safely accesses the retrocolonic space, minimizing ureteral/duodenal injury.
Medial: Facilitates SMV branch dissection with better bleeding control.
Guided gauzes are placed after cranial/caudal dissection to merge surgical planes, simplifying subsequent steps. This sequential approach enhances safety, minimizes complications, and ensures oncological efficacy in laparoscopic CME.