English Abstract Session

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[E3] English Abstract Session 3 Colorectal Surgery 2

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[E3-6] Treitz ligament-guided medial approach for complete mesocolic excision in laparoscopic left hemicolectomy-A video vignette.

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Complete mesocolic excision (CME), proposed by Hohenberger, improves oncological outcomes in colorectal surgery. Left-sided CME remains challenging due to splenic flexure anatomy and Toldt’s space access. We describe a Treitz ligament-guided medial approach:
Toldt’s space entry: Dissected between IMV and Riolan’s arch, expanding retroperitoneally.
Splenic flexure mobilization: Combined three-directional (medial, cranial, lateral) dissection. Medially, the gastrocolic ligament and transverse mesocolon were divided along the pancreatic edge. Laterally, the paracolic sulcus’s yellow-white junction was incised.
Final steps: Sigmoid artery ligation and mesocolon excision.
This method prioritizes anatomical landmarks (Treitz ligament, pancreatic edge) to simplify splenic flexure dissection, particularly in obese patients. Prior methods accessed Toldt’s space near the IMA, but our approach may reduce operative difficulty. Further studies are needed to validate efficacy and safety.