Laparoscopy-Assisted Distal Gastrectomy for Early Gastric Cancer: A Video Demonstration

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ABSTRACT

Background. Laparoscopic gastrectomy with lymph node dissection, such as laparoscopy-assisted distal gastrectomy (LADG), has been widely accepted as the treatment for early gastric cancer with the risk of lymph node metastasis, especially in Asia since 1991.^{1–3}

Purpose. We demonstrate our standard techniques for LADG with lymph node dissection and show their pitfalls during operation.

Procedures and Pitfalls. This is a case presentation of a 61-year-old man with early gastric cancer of the gastric body who underwent LADG with D1+ suprapancreatic lymph node dissection. The principles of this procedure are shown in this video. To prevent operative complications, appropriate use of forceps and instruments, such as a vessel-sealing system, ultrasound coagulation devices, and circular or linear staplers is important in laparoscopic procedures. In addition, an appropriate approach to layers and vessels is needed. In general, the major intraoperative complications during LADG are bleeding, and the major postoperative complications are anastomotic problems, including stenosis or leakage. Previous reports have demonstrated that the risk factors of complications in LADG were comorbidities, the surgical experience, and visceral fat.^{4–6}

Conclusions. LADG for early gastric cancer is a relatively safe and effective procedure. To achieve laparoscopic gastrectomy more safely, the surgeons must try to prevent intra- or postoperative complications.

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