Laparoscopic Suprapancreatic Lymph Node Dissection for Advanced Gastric Cancer Using a Left-Sided Approach

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ABSTRACT

Background. We developed a novel procedure for laparoscopic suprapancreatic lymph node (LN) dissection, which is compulsory and quite difficult for patients with advanced gastric cancer.^{1–3}

Methods. We dissected suprapancreatic LNs from the left to the right side. The No. 11p LNs were dissected first, followed by the No. 9, 7, and 8a LNs. Dissection of the No. 5 and 12a LNs was completed last. The above procedure was performed on 814 consecutive patients with stage cT2–3 disease.

Results. Mean operation time was 186.9 ± 56.4 min (range 80–480 min), mean blood loss was 76.6 ± 106.8 ml (range 3–500 ml), and mean times to first flatus, fluid diet, and soft diet were 3.7 ± 1.2 days (range 1–9 days), 5.2 ± 1.7 days (range 2–14 days), and 8.3 ± 2.2 days (range 5–20 days), respectively. A mean 34.5 ± 12.9 LNs (range 22–103) were retrieved, including a mean 12.4 ± 5.7 (range 0–35) suprapancreatic area LNs. Overall postoperative morbidity rate was 14.7 % (120/814), including three cases of pancreatic fistula. All of these postoperative complications were successfully treated by conservative methods. At a median follow-up of 27 months (range 1–63), cumulative 3-year overall survival was 59.2 %.

Conclusion. Laparoscopic suprapancreatic LN dissection using a left-sided approach could be safely achieved and is more convenient for advanced gastric cancer.

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