Minimally Invasive Esophagectomy with Cervical Anastomosis

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ABSTRACT This video demonstrates our technique for a minimally invasive esophagectomy with side-to-side stapled cervical esophagogastric anastomosis. This technique is routinely utilized in most patients undergoing esophagectomy for esophageal or gastroesophageal junction malignancy, excluding type III gastroesophageal junction tumors. Absolute contraindications include significant tumor involvement of the fundus which may necessitate an intrathoracic anastomosis. Relative contraindications include poor pulmonary function or prior extensive surgical history that may either preclude surgery altogether or prevent the ability of the conduit from reaching the cervical region, or could preclude utilization of a minimally invasive approach. We have not found large

body habitus to be an absolute contraindication for this approach. The technique involves thoracoscopic mobilization of the esophagus, laparoscopic dissection of the stomach and creation of gastric conduit, and creation of a 6 cm side-to-side stapled cervical esophagogastric anastomosis. The pylorus is treated with a botox injection; routine pyloroplasty is not performed. In our experience, this technique is safe, oncologically appropriate, and provides excellent functional results.

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