



Laparoscopic Conversion Surgery After Three Years of Palliative Chemotherapy for Unresectable Advanced Gastric Cancer

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Unresectable advanced gastric cancer remains a challenge in treatment, often requiring a multidisciplinary approach. Numerous studies have emphasized the role of palliative chemotherapy as the mainstay treatment for unresectable advanced gastric cancers. Some patients may still require conversion surgery to achieve survival gain and palliation. Several recent papers have shown the safety of laparoscopic gastrectomy after neoadjuvant chemotherapy for advanced gastric cancer. However, there is a difference between neoadjuvant chemotherapy and palliative chemotherapy in terms of the duration of chemotherapy (about 3 months vs. more than 6 months) and the initial state of advanced gastric cancer (resectable vs. unresectable and/or metastatic). To date, the safety and efficacy of laparoscopic gastrectomy after long-term palliative chemotherapy has been rarely reported. This video aims to share our experience in performing laparoscopic distal gastrectomy with D2 lymph node dissection after 3 years of palliative chemotherapy for an unresectable advanced gastric cancer.

Chapter Summary

00:00:01 Introduction

00:00:10 Case summary

00:00:26 History of present illness

00:00:30 Initial chemotherapy endoscopy

00:00:36 Radiology: initial CT scan (snapshot)

00:01:04 Preoperative work-up: repeat endoscopy

00:01:09 Preoperative work-up: repeat CT scan

00:01:20 Liver retraction

00:01:53 Marking of anatomical structures

00:02:00 Gastrocolic dissection

00:02:24 Division of the left gastro-epiploic vessels

00:02:46 Total omentectomy

00:02:56 Infra-pyloric dissection

00:03:28 Division of the right gastro-epiploic and in-

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fra-pyloric vessels
00:04:48 Supra-pyloric dissection
00:05:12 Division of the right gastric artery
00:05:30 Division of duodenum
00:05:48 Supra-pancreatic lymph node dissection
00:08:10 Division of the left gastric artery
00:10:14 Dissection of proximal lesser curvature
00:10:19 Proximal gastric transection
00:10:59 Billroth II reconstruction
00:12:13 Course in the wards
00:12:33 Specimen
00:12:36 Pathology report

Disclosure

Hyuk-Joon Lee is the president of the Korean Surgical Skill Study Group and Seong-Ho Kong is an editorial board member of the journal, but they were not involved in the peer reviewer selection, evaluation, or decision process of this article. No other potential conflicts of interest relevant to this article were reported.

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