Topic : Biliary & Pancreas

MESENTERIC CAUDAL RIGHT APPROACH TO THE SUPERIOR MESENTERIC ARTERY IN ROBOTIC PANCREATICODUODENECTOMY

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Background : There are several approaches to the superior mesenteric artery (SMA) during robotic pancreaticoduodenectomy (RPD). We utilize a novel approach to the SMA, termed the "Mesenteric caudal right approach," which leverages the unique caudal view facilitated by endoscopic surgery.

Methods : We will introduce the specific method.

Results : Mesenteric caudal right approach: The transverse mesocolon is elevated cranially, and the inferior duodenal angulus is incised directly to initiate dissection. After the Kocher maneuver is performed in the same surgical field, with the transverse mesocolon retracted ventrally, the superior mesenteric vein (SMV) is exposed. The area between the posterior lobe of the transverse mesocolon and the head of the pancreas is then dissected. After releasing the jejunum and ligament of Treitz from the left side, the jejunum is displaced to the right side. We dissect the nerve fiber tissue on the mesopancreas ligament, allowing access to the SMA. The omental bursa is opened and the area between it and the transverse mesocolon is dissected. As the Kocher maneuver is almost complete in the above process, the jejunum are easily removed. Moreover, because dissection of the GCT and around the pancreatic head and SMV has also been completed, this dissection line will connect to the previous dissection line of the above process. Dissection around he SMA up to the margin of the uncinate process of the pancreas is then straightforward.

Conclusions : This approach could be an efficient technique for safe and smooth execution of RPD. A video will be presented on the Mesenteric right caudal approach.

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