

Laparoscopic Extraperitoneal Para-aortic and Pelvic Lymphadenectomy; A single center experience

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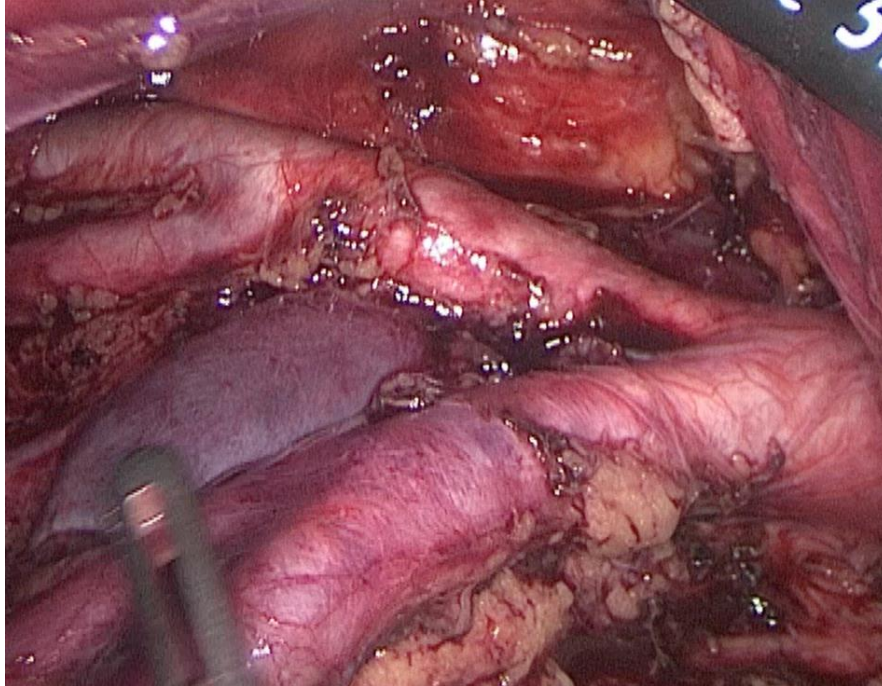
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Background: laparoscopic extraperitoneal approach was introduced since 1995 which was primarily used for the evaluation of aortic metastases in patients with cervical cancer. The main advantages of extraperitoneal approach are allowing the surgeon to focus on the operative field without interference of the bowel, consequently overcoming issues related to obesity, and generating fewer de novo adhesions than the transperitoneal laparoscopic approach.

Patient and method: Since 2017 at Oncology center Mansoura university (OCMU), Egypt we started the introduction of Laparoscopic Extraperitoneal Approach in patients that paraaortic lymphadenectomy is required. At first, we applied this technique in patients with gynecological malignancies. Afterwards, we applied the technique in patients with testicular tumors and for biopsy of suspected retroperitoneal LNs as in lymphoma cases. Since 2019, we started to perform complete para-aortic and pelvic lymphadenectomy as in patients with endometrial and ovarian cancers.

From OCMU experience we standardized the Laparoscopic extraperitoneal approach into 10 main steps; 1) creation of the space, 2) Identification of landmarks, 3) Lt paraaortic dissection, 4) supramesentric dissection, 5) inframesentric dissection, 6) dissection at bifurcation, 7) detachment of Lt iliac vessels, 8) LT iliac LND, 9) development of retrorectal space, 10) RT Iliac LND.



Results: The paraaortic and pelvic lymph node dissection can be done effectively through laparoscopic extraperitoneal approach with minimal blood loss, less perioperative complication, average of 1 day hospital stay and comparable nodal yield to transperitoneal approach.

Conclusion: Laparoscopic extraperitoneal paraaortic lymphadenectomy is feasible, effective, and safe approach and has an added value when offered to obese patients. It could be applied for wide range of patients with retroperitoneal nodal metastasis either for nodal staging or biopsy.