



# Totally robotic ivor-Lewis esophagectomy with intrathoracic robot-sewn anastomosis for cardio-esophageal cancer with the da VINCI XI



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## Abstract

### Purpose

This video demonstrates our technique on robotic Ivor-Lewis esophagectomy with intrathoracic anastomosis with da Vinci Xi system.

Supplementary video related to this article can be found at <https://doi.org/10.1016/j.suronc.2019.07.010>.

### Methods

68-year-old male otherwise healthy was presented with epigastric abdominal pain and underwent endoscopy, which showed ulcerated mass at the cardio-esophageal junction. Histopathology showed intestinal-type adenocarcinoma. After he received neoadjuvant chemo/radiotherapy, decision was made to proceed with surgery.

### Results

Initially, greater curvature dissection was started by division of the gastrocolic ligament with entering the lesser sac with robotic monopolar scissors and bipolar forceps. Gastro-epiploic arc was preserved and dissected more closely just behind the spleen. After ligation of the right gastric vessels, dissection was extended to retrieve lymph nodes around the left gastric vessels. Left gastric artery and vein were dissected with the lymph nodes and ligated. Lymphatic tissues following the celiac trunk were dissected toward the specimen as an en-bloc fashion. Suprapancreatic lymphadenectomy along the common hepatic artery and celiac trunk was performed by preserving the gastro-omental vessels. Once the abdominal phase was completed, the patient was positioned in the left semi-prone position. Dissection of the visceral pleura was started just distal to the azygous vein and esophagus was mobilized along with paraesophageal nodes as an en bloc fashion. The

esophagus was circumferentially mobilized along with the lymph nodes at the hiatus. Indocyanine green dye was administered to assess gastric conduit perfusion before/after anastomosis. Intrathoracic end-to-end esophagogastric anastomosis was created [1]. Postoperative recovery was uneventful.

### Discussion

Robotic Ivor-Lewis esophagectomy with intrathoracic anastomosis is a safe and feasible technique for cardio-esophageal cancer.

### Statement

Authors meet all of the criteria as per the guidelines of the International Committee of Medical Journal Editors (ICMJE).

### Conflicts of interest and source of funding

The authors have no conflicts of interest including relevant financial interests, activities, relationships, and affiliations.

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### Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.suronc.2019.07.010>.

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## Reference

- [1] I.S. Sarkaria, N.P. Rizk, Robotic-assisted minimally invasive esophagectomy: the Ivor Lewis approach, *Thorac. Surg. Clin.* 24 (2) (2014) 211–222.