OPTIMIZED OPERATIVE PROCEDURE FOR SPLEEN-PRESERVING SPLENIC HILAR LYMPHADENECTOMY DURING LAPAROSCOPIC TOTAL GASTRECTOMY FOR ADVANCED GASTRIC CANCER VIA THE PINCERLIKE APPROACH

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Background: No.10 and 11 lymph node dissection is of great significance for some advanced gastric cancer. However, one of the reasons why spleen-preserving splenic hilar lymphadenectomy during laparoscopic total gastrectomy for advanced gastric cancer is not widely carried out is the technical difficulty of the operation. Hence, we need to establish a standardized approach and operative procedure to overcome this technical issue.

Surgical Technique: We have proposed a method of interweaving operations which carries out both from the cranial side and caudal side, and divides laparoscopic surgery for splenic hilar lymphadenectomy into four steps. **Step 1**,The surgeon releases the adhesion between the greater omentum and splenic flexure of colon, separates the fascia in front of the pancreas along the superior margin towards the spleen curvature, ligates the left gastroepiploic vessels at the root, the inferior splenic vessels are preserved, and the No. 4sb lymph nodes are cleaned. **Step 2**, starting from the intersection of the splenic artery and the left gastric artery, the surgeon dissociates the gastropancreatic fold in front of the Gerota' s fascia , and then dissociates the gastrophrenic ligament from the lateral side of the left diaphragmatic foot to the cephalic side until the diaphragm. **Step 3**, the surgeon exposes the branches of the splenic artery along the main splenic artery to the splenic hilum, ligates and cuts off the posterior gastric artery at the root, and the No.11 lymph nodes are cleaned. **Step 4**, the surgeon exposes the blood vessels near the upper pole of the spleen, and the short gastric vessels are cut off， the No. 10 lymph nodes are cleaned. **The advantage of our method**, which approaches from both sides of the splenic hilar, is that it is easier to perform lymphadenectomy and achieve hemostasis when active bleeding occurs because this approach provides space for ligating and sealing.

Conclusions: We introduce a standardized approach and optimized operative procedure for spleen-preserving splenic hilar lymphadenectomy during laparoscopic total gastrectomy for advanced gastric cancer， which can reduce its technical difficulty.

Key words: Gastric cancer, splenic hilar lymphadenectomy, pincerlike approach, Laparoscopic surgery