

4ª Reunión de Equipos de Cirugía Esofagogastrica y Obesidad de la Comunidad de Madrid y Zona Centro

INNOVACIÓN ASISTENCIAL



CUÁNDO

29 de Noviembre de 2018

Empieza a las 8:00 H



DÓNDE

Real academia de Medicina

C/ Arrieta, 12 (Metro Ópera)

Inscripción gratuita. Aforo limitado.

Solicitada Acreditación Formación Continuada.



Descarga gratuita de una herramienta para hacer preguntas y respuestas con el móvil en directo.



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4ª Reunión de Equipos de Cirugía Esofagogastrica y Obesidad de la Comunidad de Madrid y Zona Centro

INNOVACIÓN ASISTENCIAL

29 de Noviembre de 2018 - Real Academia de Medicina - C/ Arrieta, 12 (Metro Ópera)

PROGRAMA

- 8:00 - 8:15 Presentación. Innovar para mejorar. Objetivos. Dr. JC Ruiz de Adana, Dr. A Hernández, Dr. A Bertomeu.
- 8:15 - 8:45 Inmunonutrición. Itinerario emocional del paciente oncológico. Dra. A Sánchez Ramos y Dra. R León Ledesma.
- 8:45 - 9:45 La innovación en..... Hospitales de la Comunidad de Madrid y Zona Centro*.

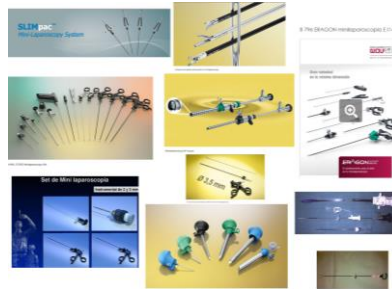
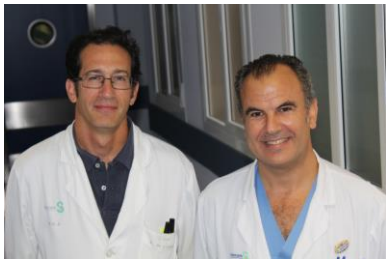


COMPLICADO INNOVAR EN NUESTRO MEDIO

“DIFICULTAD PARA QUE NOS REPONGAN UNA PINZA DE LAPAROSCOPIA”



¿I+D?



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Indocyanine green-based fluorescence imaging in visceral and hepatobiliary and pancreatic surgery: State of the art and future directions

Gian Luca Baiocchi, Michele Diana, Luigi Boni

UTILIDAD ICG:

-PERFUSIÓN VISCERAL EN TIEMPO REAL :ANASTOMOSIS GI-CR

-ANATOMÍA BILIAR

-CIRUGÍA HEPÁTICA

-CIRUGÍA ONCOLÓGICA GI-CR: LINFADENECTOMÍA

-CARCINOMATOSIS PERITONEAL

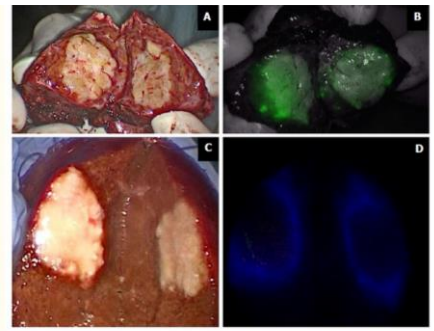


Figure 3
 Indocyanine green in liver surgery. Primary liver tumors show intense and complete staining because their hepatocytes take up ICG but do not secrete it (A and B), liver metastases show a ring appearance because their cells do not take up ICG but hepatocytes surrounding the nodule are compressed (C and D). ICG: Indocyanine green.

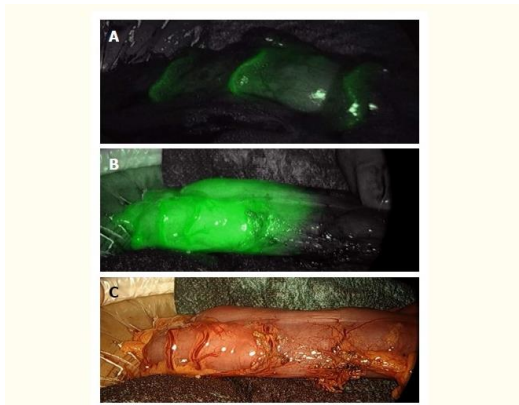


Figure 1
 Colon perfusion before anastomosis during left colectomy. A few seconds after the i.v. injection of 0.3 mg/kg indocyanine green, bowel arteries clearly appear (A); thereafter, the bowel perfusion cut-off area becomes

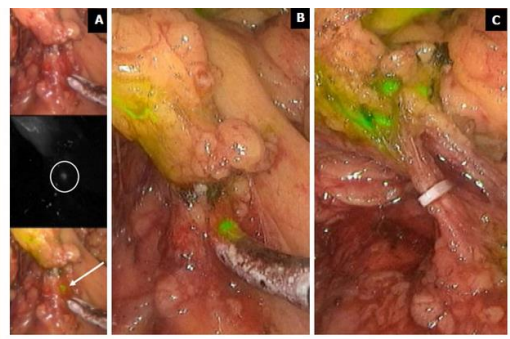


Figure 4
 Indocyanine green fluorescence imaging in extended right hemicolectomy. The figure displays the right branches of middle colic vessel division during extended right hemicolectomy for transverse colon cancer. ICG injected in the tumor site spreads in nodes at the very proximal root of the artery. ICG fluorescence imaging allows a radical lymphadenectomy, including very small nodes (A and B). Only when all the stained nodes are removed may the nodal dissection be considered radical (C). ICG: Indocyanine green.

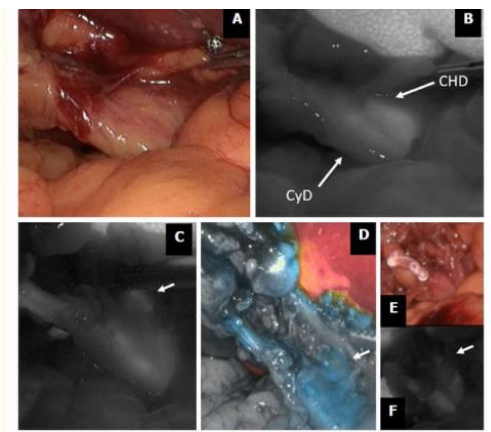
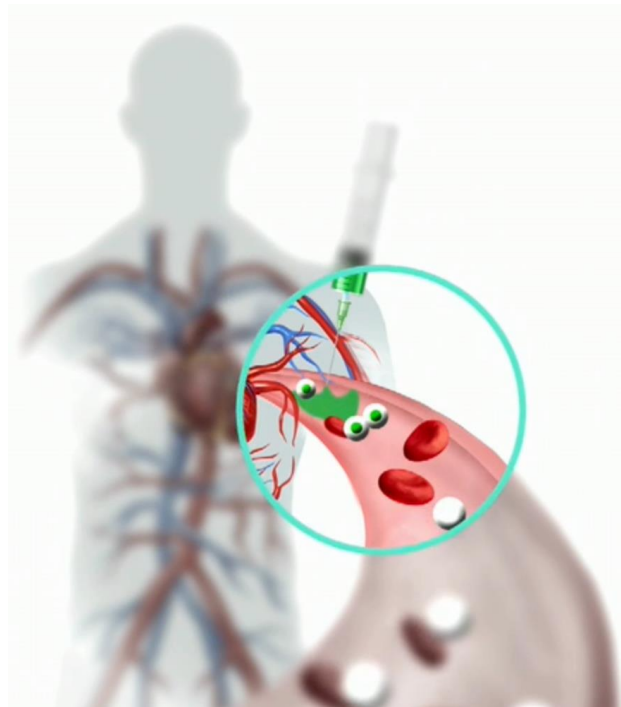
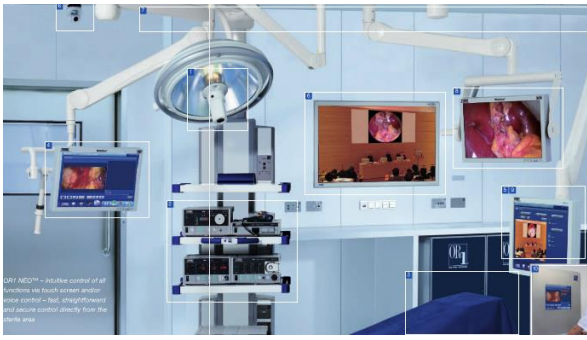


Figure 2
 Indocyanine green-enhanced biliary anatomy. During a difficult cholecystectomy for acute cholecystitis (A), the confluence between the cystic duct (CyD) and the common hepatic duct (CHD) is shown by fluorescence imaging (B); common hepatic duct (arrow) is further visualized before (C and D) and after (E and F) cystic duct division. ICG: Indocyanine green.



***DISPONEMOS DE LA PLATAFORMA, QUIRÓFANO INTEGRADO Y 3D
SOLICITADA EN 3 OCASIONES***



IMPLANTACIÓN DEL USO DE ICG

EN NUESTRO SERVICIO : TODO EL Sº

1º>>DISMINUCIÓN DE LA INCIDENCIA DE FUGA ANASTOMÓTICA EN LA ESOFAGUECTOMÍA

La fluorescencia mediante ICG está mostrando un futuro prometedor como herramienta preventiva de la dehiscencia anastomótica

Anastomotic leakage is a major complication after esophagectomy with gastric tube reconstruction, with a high morbidity and even mortality rate (4%)

2º>>LINFADENECTOMÍA GUIADA EN CÁNCER GÁSTRICO : CÁNCER GÁSTRICO PRECOZ

- ***VALORACIÓN PERFUSIÓN DEL TUBULAR GÁSTRICO DURANTE LA ESOFAGUECTOMÍA MEDIANTE ICG***

Optical techniques for perfusion monitoring of the gastric tube after esophagectomy: a review of technologies and thresholds

S M Jansen ✉, D M de Bruin, M I van Berge Henegouwen, S D Strackee, D P Veelo, T G van Leeuwen, S S Gisbertz

Diseases of the Esophagus, Volume 31, Issue 6, 1 June 2018, dox161, <https://doi.org/10.1093/dote/dox161>

Published: 26 April 2018

ICG es capaz de medir la calidad de la perfusión

PERO no se describe ningún parámetro cuantitativo



Con la ICG, la duración de la demarcación de la anastomosis parece ser un valor predictivo para la necrosis intraoperatoria.

- *En este momento, los estudios se centran en el desarrollo de FI a una técnica de imagen cuantitativa, estudio PERFECT para el cáncer colorrectal (NCT02626091)*

Indocyanine green fluorescence angiography of the reconstructed gastric tube during esophagectomy: efficacy of the 90-second rule

Y Kumagai ✉, S Hatano, J Sobajima, T Ishiguro, M Fukuchi, K-I Ishibashi, E Mochiki, Ya Nakajima, H Ishida

Diseases of the Esophagus, doy052, <https://doi.org/10.1093/dote/doy052>

Published: 12 June 2018

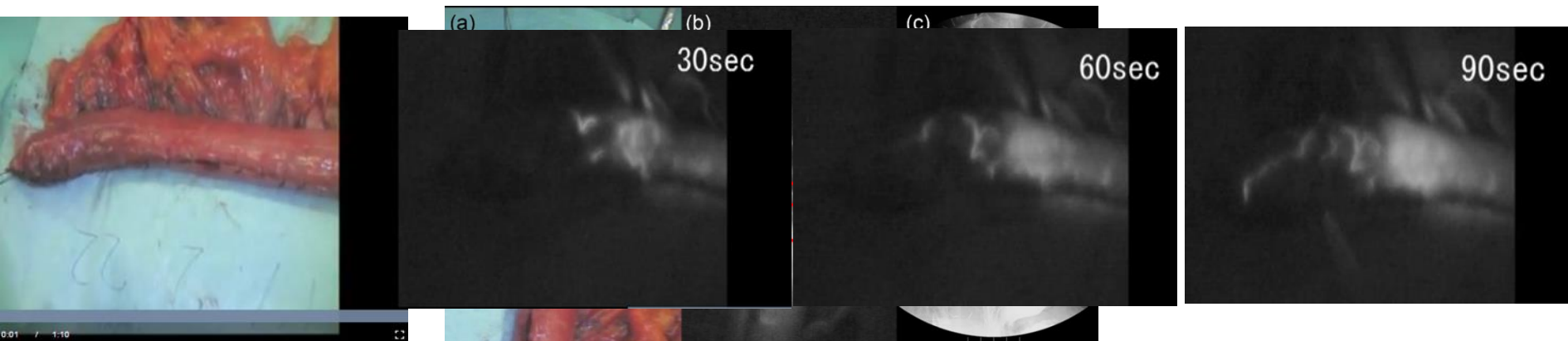
“REGLA DE LOS 90 SEGUNDOS”

para confirmar una buena perfusión sanguínea en la anastomosis

Todas las anastomosis se realizaron en el área donde se necesitaron menos de 90 segundos

Tasa global de fugas : 1,4%.

La regla de los 90 segundos es un método seguro y eficaz para decidir el sitio de la anastomosis.



VERDE DE INDOCIANINA



CALCULO DE LA DOSIS:

El vial contiene 25 mg. y se reconstituye con 5 cc de agua estéril, quedando así una concentración de 5 mg/ml.

La dosis que hay que administrar es 0,3 mg por Kg de peso del paciente. Para calcular los mililitros que hay que cargar se hace mediante regla de 3.

25 mg ----- 5 ml

0,3 x Peso ----- x

Es decir, $5 \times 0,3 \times \text{Peso del paciente} / 25$.

O lo que es igual: **Vól (ml) = 0,06 x Peso del paciente**

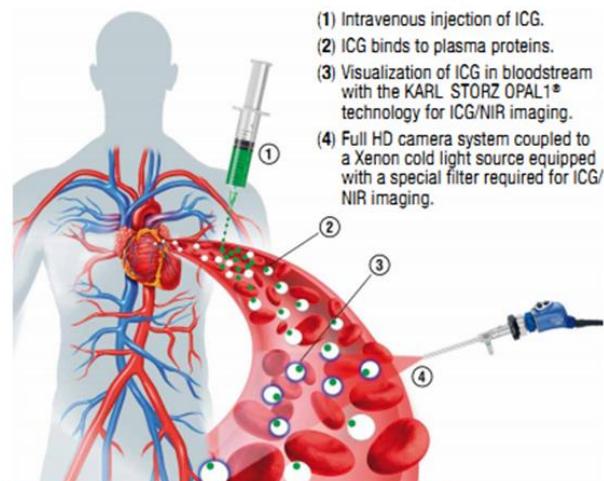
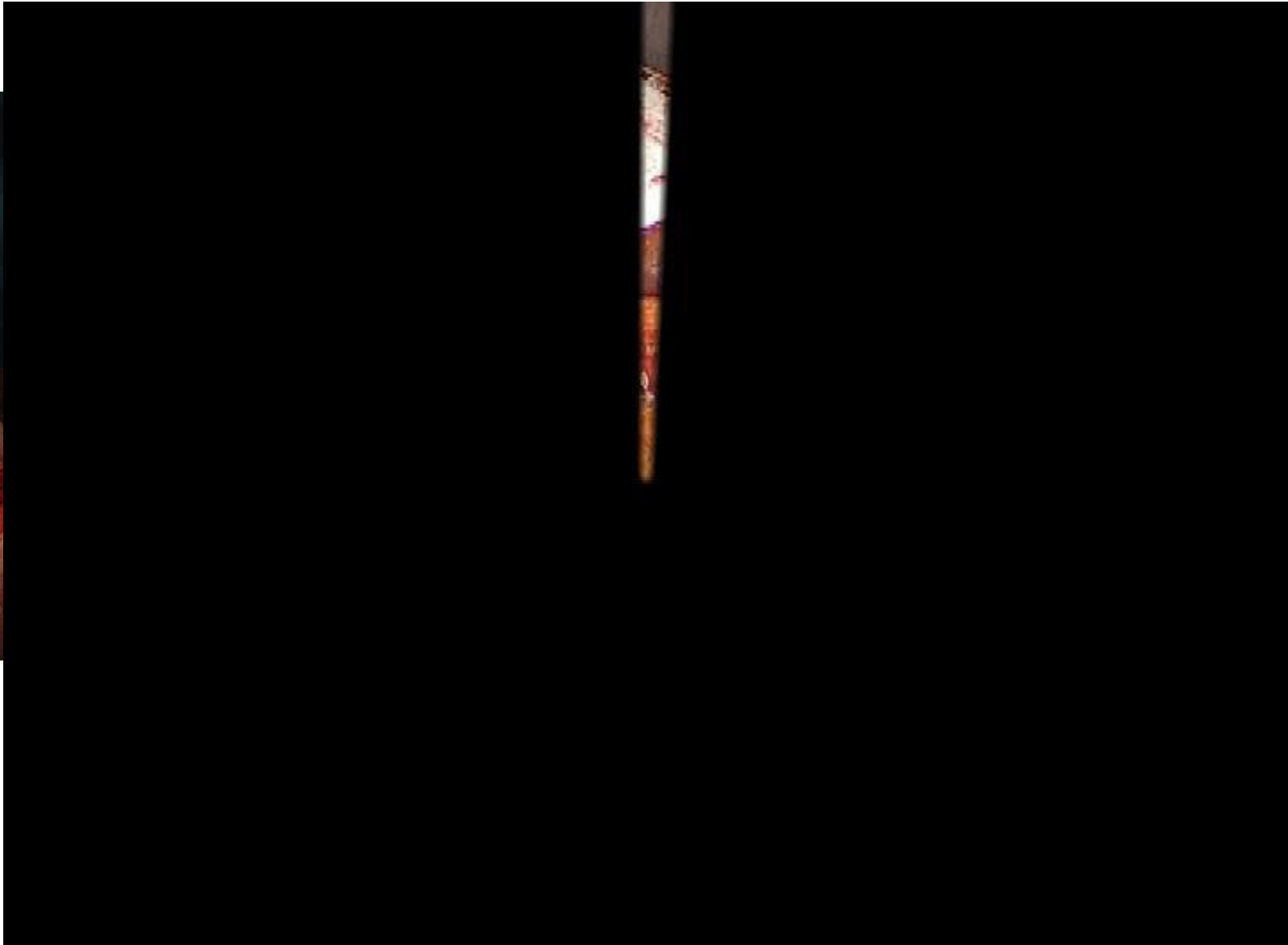
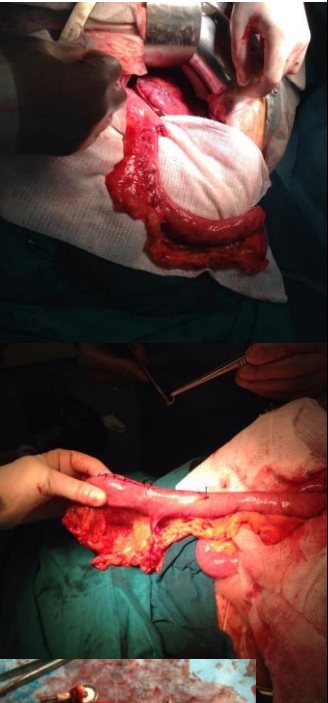


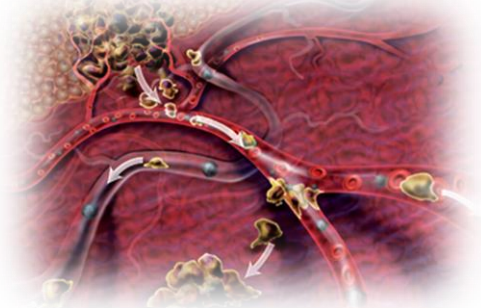
Fig. 1.2 Principle of perfusion assessment with ICG/NIR imaging.

No administrar más del vial de 25 mg, aunque el peso del paciente sea mayor. En caso de tener el paciente problemas renales (insuficiencia renal aguda o crónica), preguntar al anestesiista que dosis hay que administrar.

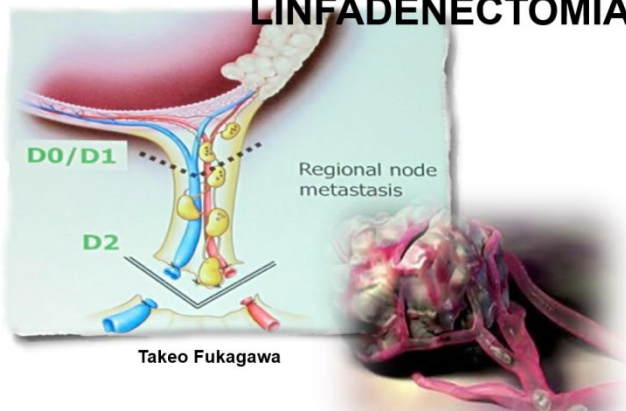
La cantidad resultante se administra por vía intravenosa en bolo directo. No diluir a no ser que el anestesiista lo indique.



• USO DE ICG PARA MAPEO LINFÁTICO EN LA LINFADENECTOMÍA GÁSTRICA: CÁNCER GÁSTRICO PRECOZ



LINFADENECTOMÍA



Tanimura S, et al. Laparoscopic gastrectomy for gastric cancer: experience with more than 600 cases. *Surg Endos.* (2008) 22: 1161-1164.

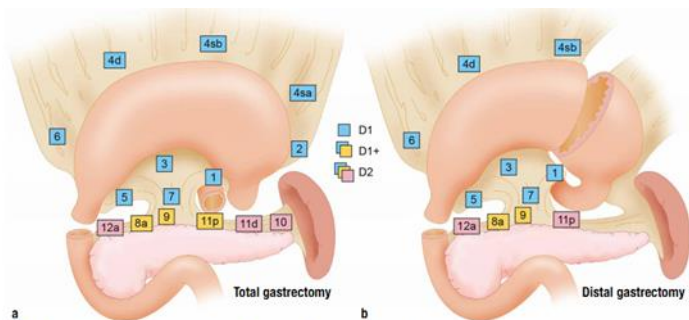
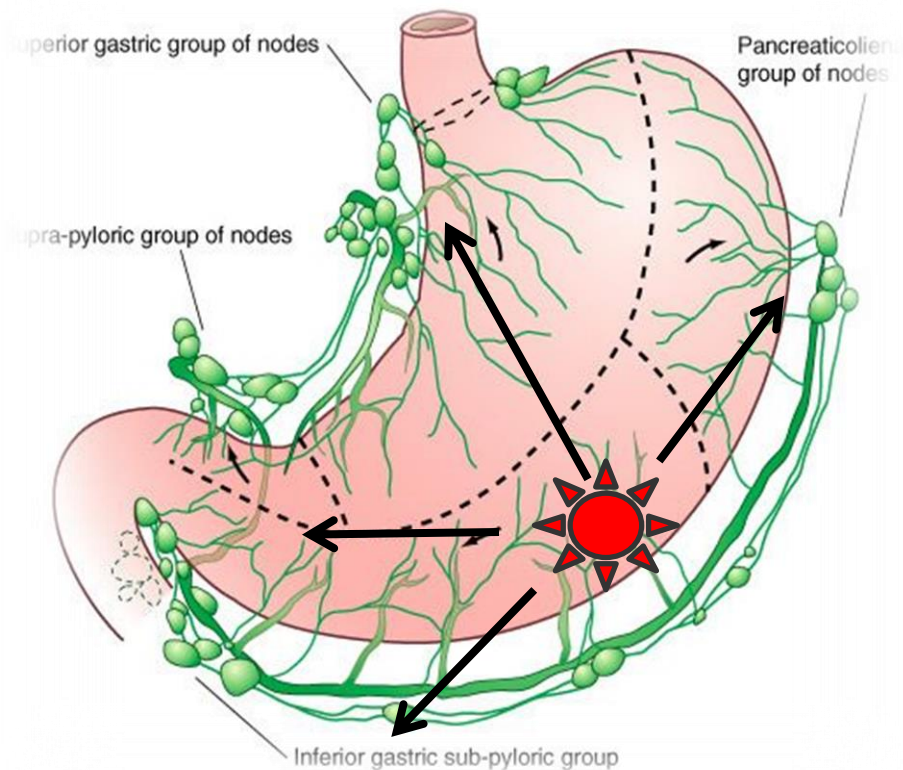


Fig. 2.1 The extent of lymphadenectomy after total (a) and distal (b) gastrectomy. The numbers correspond to the lymph node stations as defined in the Japanese Classification of Gastric Carcinoma.⁸ Dissection of the lymph nodes highlighted by blue squares corresponds to a D1 lymphadenectomy. When complemented by dissection of the nodes highlighted by orange squares, a D1+ lymphadenectomy is the result. Additional dissection of all nodes highlighted by red squares results in D2 lymphadenectomy.

¿GANGLIO CENTINELA?
I.C.G



REVIEW

Open Access



Feasibility and diagnostic performance of dual-tracer-guided sentinel lymph node biopsy in cT1-2N0M0 gastric cancer: a systematic review and meta-analysis of diagnostic studies

Ling Huang¹, Tao Wei¹, Junjun Chen² and Donghui Zhou^{1*}

Review Article

Laparoscopic sentinel node navigation surgery for early gastric cancer

Shinichi Kinami, Takeo Kosaka

Department of Surgical Oncology, Kanazawa Medical University, Kahoku, Japan

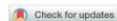
Contributions: (I) Conception and design: S Kinami, (II) Administrative support: T Kosaka, (III) Provision of study materials or patients: S Kinami, (IV) Collection and assembly of data: S Kinami, (V) Data analysis and interpretation: S Kinami, (VI) Manuscript writing: All authors, (VII) Final approval of manuscript: All authors.

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J Gastric Cancer. 2018 Jun;18(2):161-171
https://doi.org/10.5230/jgc.2018.18.e19
pISSN 2093-582X; eISSN 2093-5641



Original Article



Assessment of the Completeness of Lymph Node Dissection Using Near-infrared Imaging with Indocyanine Green in Laparoscopic Gastrectomy for Gastric Cancer

Tae-Han Kim^{1,2}, Seong-Ho Kong¹, Ji-Ho Park¹, Yong-Gil Son¹, Yeon-Ju Huh¹, Yun-Suhk Suh¹, Hyuk-Joon Lee^{1,3}, Han-Kwang Yang^{1,3}

ORIGINAL ARTICLE

Laparoscopic sentinel node navigation surgery for early gastric cancer: a prospective multicenter trial

Naoto Takahashi¹ · Hiroshi Nimura² · Tetsuji Fujita² · Norio Mitsumori² · Norio Shiraishi³ · Seigo Kitano³ · Hitoshi Satodate⁴ · Katsuhiko Yanaga²

Surgical Endoscopy
https://doi.org/10.1007/s00464-018-6401-z



Sentinel node navigation surgery using near-infrared indocyanine green fluorescence in early gastric cancer

Dong-Wook Kim¹ · Bosu Jeong³ · Il-hyung Shin³ · Uk Kang^{3,4} · Yoontaek Lee¹ · Young Suk Park¹ · Sang-Hoon Ahn¹ · Do Joong Park^{1,2} · Hyung-Ho Kim^{1,2}

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Surgical Endoscopy (2018) 32:2620–2631
https://doi.org/10.1007/s00464-018-6100-9



REVIEW

Diagnostic evaluation of sentinel lymph node biopsy using indocyanine green and infrared or fluorescent imaging in gastric cancer: a systematic review and meta-analysis

Daniel Skubleny¹ · Jerry T. Dang¹ · Samuel Skulsky² · Noah Switzer¹ · Chunhong Tian¹ · Xinzhe Shi³ · Christopher de Gara^{1,3} · Daniel W. Birch^{1,3} · Shahzeer Karmali^{1,3}



Han-Kwang YANG, Seong-Ho KONG,
Yun-Suk SUH and Hyuk-Joon LEE

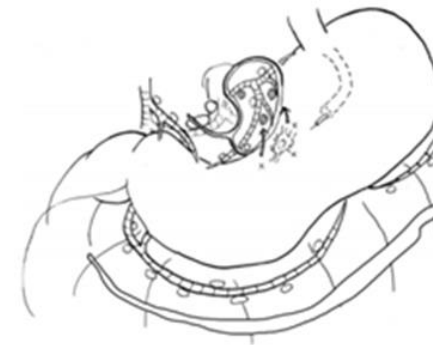
Laparoscopic sentinel node navigation surgery for early gastric cancer

Shinichi Kinami, Takeo Kosaka

Department of Surgical Oncology, Kanazawa Medical University, Kahoku, Japan

Contributors: (I) Conception and design: S Kinami, (II) Administrative support: T Kosaka, (III) Provision of study materials or patients: S Kinami, (IV) Collection and assembly of data: S Kinami, (V) Data analysis and interpretation: S Kinami, (VI) Manuscript writing: All authors, (VII) Final approval of manuscript: All authors.

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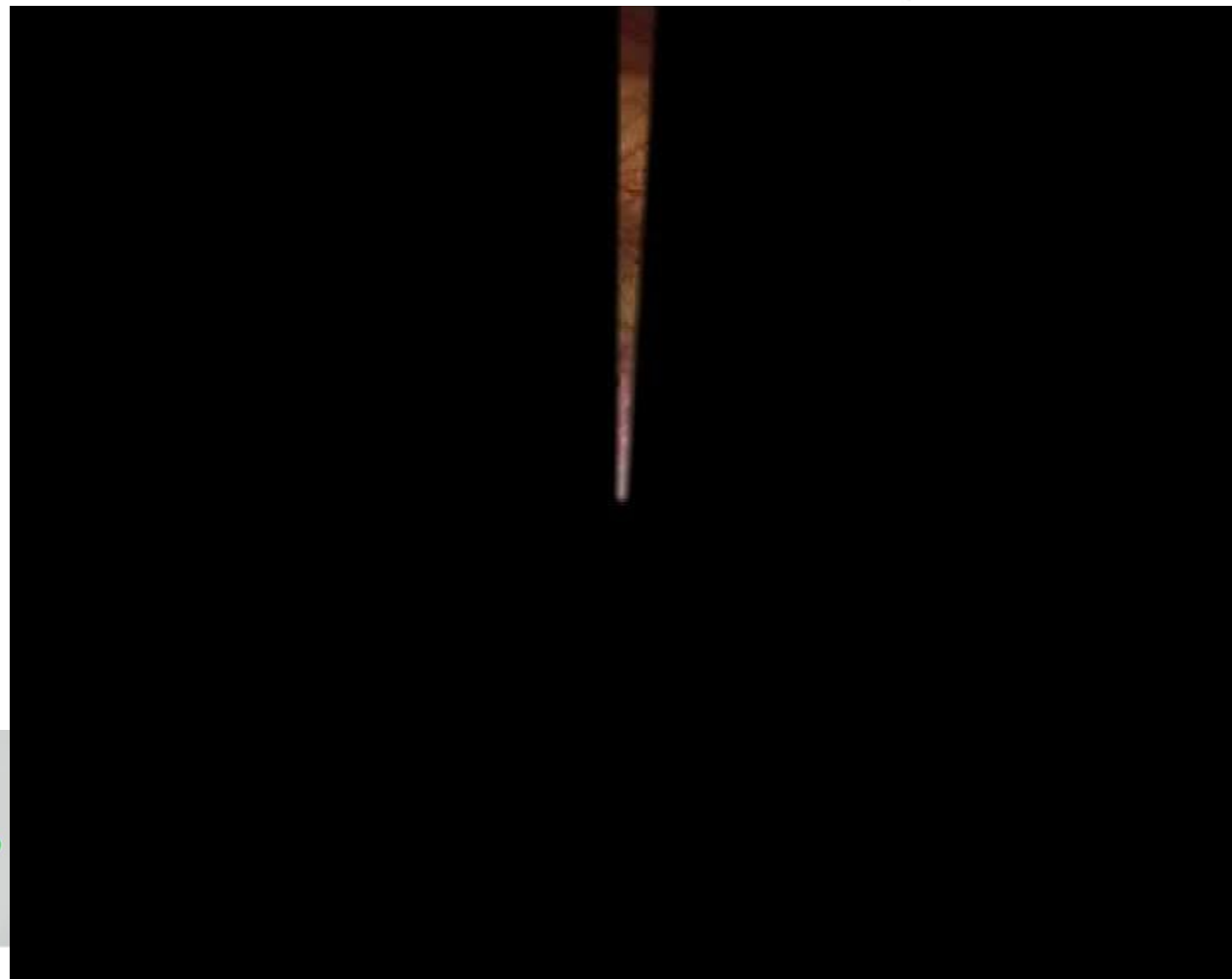


ENDOSCOPIA 24 HORAS ANTES DE LA CIRUGÍA

- *Preparación de solución de ICG en agua destilada estéril a 1.25mg/ml*
- *Inyección de 0.6 ml (0.75 mg ICG en la submucosa gástrica en los 4 puntos cardinales), que rodean al tumor primario (total 2.4ml, 3 mg de ICG)*



cr DR.MORALES





GRACIAS

