

Suprarenal lymph node dissection by the Kocher maneuver in the surgical management of ovarian cancer

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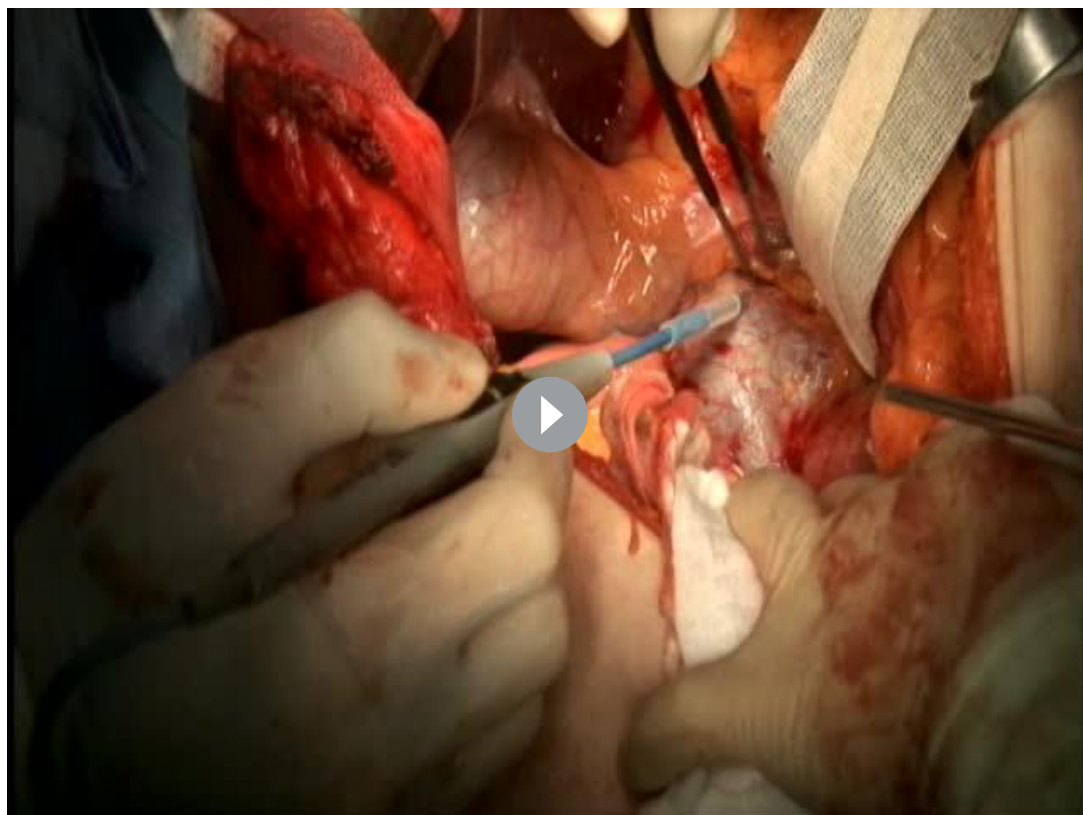
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ABSTRACT

This video shows the technique of Kocher maneuver for removal of suprarenal lymph nodes in patients with ovarian cancer (video 1). Cytoreductive efforts to minimize residual tumor is one of the most important prognostic factors in the management of advanced ovarian cancer.^{1 2} Tumor involving the suprarenal lymph node is considered to be one of the factors predicting suboptimal cytoreduction by the infra-renal approach used for conventional para-aortic lymph node dissection, due to severe bleeding of the major vessel and long operative time.³ The aim of this video presentation is to depict the removal of the suprarenal lymph node metastasis in patients with ovarian cancer using a simple and easy method called the

Kocher maneuver. With appropriate intra-operative exposure, the Kocher maneuver was performed to achieve adequate space for dissection of the suprarenal lymph nodes. The Kocher maneuver, which was originally developed for surgery of pancreatic tumors, includes dissection of the lateral peritoneal attachments of the duodenum to allow mobilization of the duodenum, the head of the pancreas, and other retroperitoneal structures around the great vessels. After the Kocher maneuver, dissection was advanced toward the medial border of the inferior vena cava to secure sufficient space. As the layer between the inferior vena cava and the posterior aspect of the pancreas and duodenum is an avascular plane, we can enter the dissection plane without influencing



Video 1

Video Article

any important vessels. We can achieve rapid access of the retro-peritoneal space of the suprarenal area, provided careful dissection is undertaken between the lateral peritoneal attachment of the duodenum and the inferior vena cava. Suprarenal lymph node dissection to minimize the residual disease in patients with ovarian cancer was safely performed by the Kocher maneuver.

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