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COMBINATION OF LAPAROSCOPIC CAUDATE LOBE RESECTION AND LOW ANTERIOR RESECTION IN SYNCHRONOUS CAUDATE LOBE METASTASIS IN RECTAL CANCER: APPLICATION AND BENEFIT OF FLORESCENCE ENHANCE IMAGING

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Country: **Thailand**

Session abstract will be presented in: **Thursday Exhibit Hall Theater (Non CME)**

Number of Reviewers: **4**

Total Score: **22**

Mean Score: **5.5**

Score	Reviewer	Reject Comment	Overall Comment
6	Eugene Ceppa		
6	Ziad Awad		
5	Iswanto Sucandy		
5	Abhay Dalvi		There is no audio - so difficult to comprehend (imaginary commentary in mind). The assistant/s have done a wonderful job showing that team work matters

ICG has been verified for its long clinical use since the late 50s. It has very few side effects (allergic reaction 1/300,000). The clinician uses it for the study of the anatomy of retinal vessels, measuring liver functional reserve before major hepatic resection and assessment perfusion of flap in reconstructive surgery. Recently there have been researches investigating its surgical applications such as; the usefulness of fluorescence in revealing biliary anatomy during cholecystectomy, sentinel lymph node mapping and its use as intraoperative angiography for perfusion evaluation.

This video demonstrated application of ICG enhance imaging in case of synchronous caudate lobe colorectal metastasis. This technology contributes advantages in synchronous resection such as reduce anastomosis leakage from inadequate tissue perfusion and determination resection line for caudate resection also as identified bile leakages from resection surface.

<https://youtu.be/xZBte5P18IA>