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# **33<sup>rd</sup>** WORLD CONGRESS

of International Association of Surgeons,  
Gastroenterologists and Oncologists

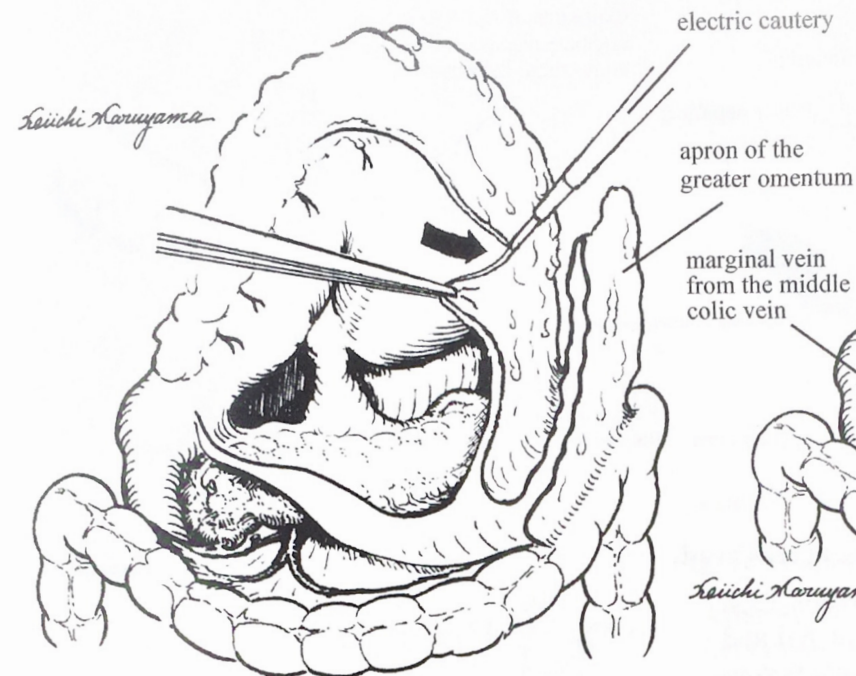
SEPTEMBER 28<sup>TH</sup> - OCTOBER 1<sup>ST</sup>, 2022



# The General Rules for the Gastric Cancer Study in Surgery and Pathology

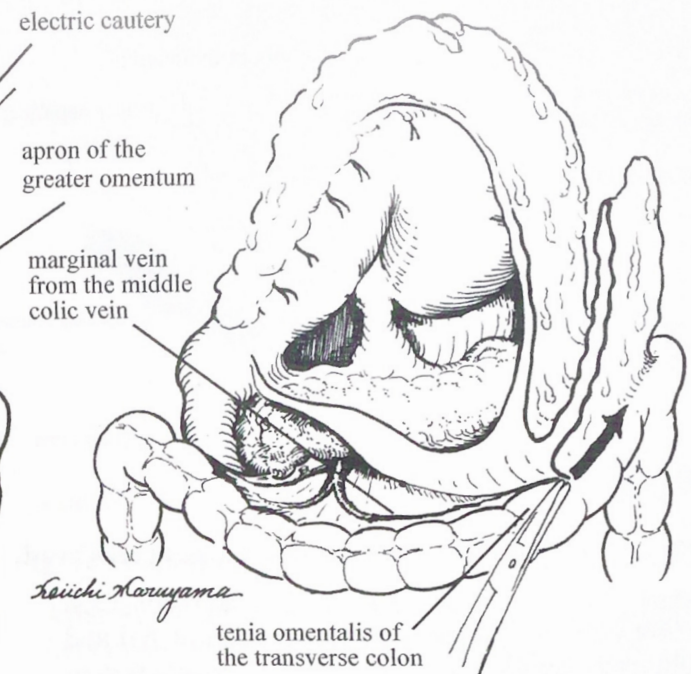
## Part II. Histological Classification of Gastric Cancer

The Japanese Research Society Committee on Histological  
Classification of Gastric Cancer



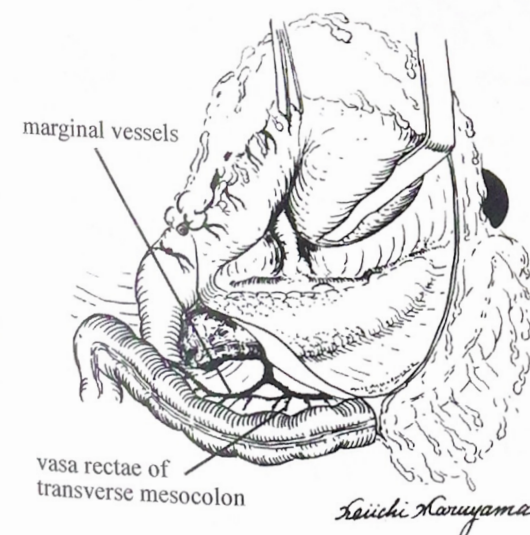
**Fig. 9 Division line for the apron-preserving omentectomy**

For the cases with no possibility of metastasis in the bursa and peritoneum, namely T1 and T2 tumor, the apron of the greater omentum can be preserved. It is useful to cover the small bowel and to prevent ileus.



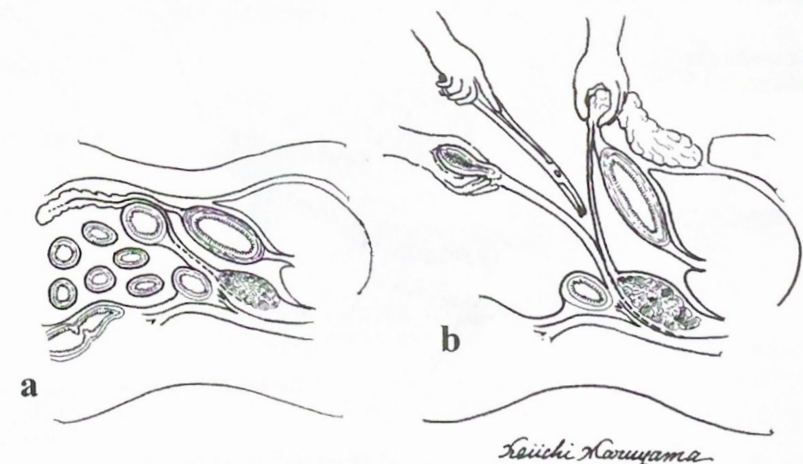
**Fig.10 Division line for total omento-bursectomy**

For the cases with possibility of metastasis in the bursa and peritoneal cavity ( T2 and T3 tumor) and negative washing cytology, the total omento-bursectomy is indicated. This procedure will start at separation of the greater omentum from the tenia omentalis.



**Fig. 11 Right side bursectomy to expose the infrapyloric nodes (No. 6)**

Even for the apron preserving cases, this procedure is essential to remove No. 6 nodes. During the separation, the vasa rectae of the transverse colon, marginal vessels, and the middle colic vein are the useful index to trace the correct plane.



**Fig. 12 Separation of the anterior sheet (dorsal mesogastrium) and posterior sheet of the mesocolon**

Because of different embryonic origin, the anterior and posterior sheets have no vascular connection (a). These two membranes can be separated easily without bleeding. Assistant should tracts the transverse colon downward to make the mesocolon flat. Then the operator lift the greater omentum upward and push the mesocolon and the veins downward by scissors (b).