No. Author Count	ry Journal	Year Study design Subject	N (cases)	Fluorogenic agent	Dose	nging tech Route	Timing	Imaging system	m Quantitative measureme	nt Main endpoints	Imaging accuracy/success rate	Endpoint measures  Clinical impact, changes in intraoperative decision-making	Clinical impact, advantages in postoperative outco	Adver mes effect	Mc Learning cu	rve Cost analysi	is Other comments	Ref. detail Shimada Y, Okumura T, Nagata T, Sawada S,
1 Shimada Japan	Esophagus	2011 Retrospective Esophagectomy	40	ICG	2.5 mg	IV	Before and after pulling up the reconstructed organ	PDE (Hamamats Photonics)	u NA	Visualize blood supply for reconstruction	100%	Five patients received anastomosis "between the short gastric vein and external cervical vein or superficial cervical vein," prompted by the ICO VA readings	G- Three patients experienced anastomotic leakage	None	NA	NA		Shimada Y, Okumara T, Nagata T, Sawada S, Matsui K, Hori R, Yoshioka I, Yoshida T, Osadr Tsukada K. Esophagus. 2011 Dec;8(4):259-266. doi: 10.1007/s10388-011-0291-7.
2 Marawa Poland	Acta Chir Belg	2012 Retrospective Transhiatal esophagectomy and reconstruction of the	the (15	ICG	20 mg in 20 mL water	IV	Before anastomosis	IC-View (Pulsion	a) NA	Determine perfusion of the gastric conduit	100%	ICG-VA readings changed the treatment procedure of four patients	One patient experienced arastomotic leakage 9 days a surgery, despite good ICG-VA readings during surgery	fler NA	NA	NA	Comorbidities may increase the risk of anastomotic leakage	Murawa D, Himerbein M, Spychala A, Nowaczy P, Polom K, Murawa P. Acta Chir Belg. 2012 Jr Aug;112(4):275-80.
3 Ishigaro Japan	Int Starg	2012 Case report Subtotal esophagectomy with gastric tube reconstru	ructi I	ICG	2.5 mg	IV	After construction of the gastri tube	ic PDE (Hamamats Photonics)	NA NA	Confirm blood flow in the gustric tube	100%	ICG-VA readings prompted gastric tube reconstruction to repair an area	a ti Necrosis of the gastric tube necessitated reoperation a transection of the gastric tube	nd NA	NA	NA		Ishiguro T, Kumagai Y, Ono T, Imaizumi H, Hor H, Suzuki O, Ito T, Haga N, Kutwabara K, Sobaj J, Kumamoto K, Ishiboshi K, Baba H, Ishida H, Kawano T. Int Surg. 2012 Oct-Dec;97(4):340-4. doi: 10.9738/CC159.1.
4 Saito Jupan	J Sarg Oncol	2012 Case report Subtotal gastrectomy after esophagectomy	2	ICG	25 mg in 10 mL saline	IV	After separating the gastric tub from everything except the esophagogastric site	PDE (Hamamuts Photonics)	<sup>III</sup> NA	Confirm blood supply to the gastric tube	c 100%	ICG-VA prompted gastric tube resection	No necrosis or anastomotic leakage	NA	NA	NA		Saito T, Yano M, Motoori M, Kishi K, Fujiwara Shingai T, Noura S, Ohue M, Ohigashi H, Ishika O. J Surg Oncol. 2012 Jul 1;106(1):107-10. doi: 10.1002/in-23050
5 Pacheco US	Am J Surg	2013 Retrospective Esophagectomy with reconstruction using a gastric	c ca 11	ICG	NA	IV	NA	System	NA	Identify ischemia in the gastric conduit	100%	NA	Iwo of the 11 patents experienced anastomotic leaka, two patients experienced atrial fibrillation, and one patient experienced difficulty swallowing and was trea with analytheteses.	ge; sted NA	NA	NA		O. J Surg Oncol. 2012 Jul 1;106(1):107-10. doi: 10.1002/joc.23050. Pacheco Pt., Hill SM, Henrapies SM, Paulien JJ. Anderson RC. Am J Surg. 2013 Mar;205(3):349 52; discussion 352-3. doi: 10.1016/j.minm.2019.311.005
6 Kubota Jupan	Surg Today	2013 Prospective Total esophagectomy	5		0.5 g/kg	IV	artery	System (HEMS)	ral NA	Confirm blood flow in an esophageal substitute (stomach or ileocecum)	100%	NA	No mortality or anastomotic leakage	None	NA	NA		10.104.6 aminum 2017.11.005 Kubota K, Yoshida M, Kuroda J, Okada A, Ohn Kitajima M. Surg Today. 2013. Feb;43(2):215-20 doi: 10.1007/s00595-012-0251-4. Surkaria IS, Bains MS, Finley DJ, Adusumilli PS
7 Sarkaria US	Innovations (Phila)	2014 Prospective Robot-assisted minimally invasive csophagectomy	42 (30 received ICG and 1: did not)	<sup>2</sup> ICG	10 mg (4 mL of 2.5 mg/mL aqueous solution)	IV	"Before surgical mobilization of the gastric fundus and greater curve"	SPY Imaging System	NA	Visualize the gastric vasculature after mobilizati	100%	NA	Two patients experienced anastomotic leakage and on patient had an anastomotic stricture	e NA	NA	NA		Huang J, Rusch VW, Jones DR, Rizk NP. Innovations (Phila). 2014 Sep-Oct;9(5):391-3. d 10.1097/IMI.000000000000001. Rino Y, Yukawa N, Sato T, Yamamoto N,
8 Rino Jupan	BMC Med Imaging	2014 Prospective Thoracic esophagectomy	33	ICG	2.5 mg	IV	After pulling up the reconstructed stomach	PDE (Hamamats Photonics)	u NA	Visualize blood flow during reconstruction	3 100%	NA	Anastomotic leakage occurred in five patients (15.2%) anastomotic stensois occurred in one patient (3%)	NA NA	NA	NA		Tamagawa H, Hasegawa S, Oshima T, Yoshikas T, Masuda M, Imada T. BMC Med Imaging. 20: May 22;14:18. doi: 10.1186/1471-2342-14-18.
9 Kumagai Japan	World J Sarg	2014 Prospective Esophagectomy with gastric tube reconstruction	20	ICG	2.5 mg	IV	After construction of the gustri tube	ic PDE (Hamarrats Photonics)	<sup>II</sup> NA	Confirm blood flow in the reconstructed gastric tube	NA	NA	Two cases of gastric tube necrosis	NA	NA	NA		Kumagai Y, Ishiguro T, Haga N, Kuwabara K, Kawano T, Ishida H. World J Surg. 2014 Jan;38(1):138-43. doi: 10.1007/s00268-013-223 Yukaya T, Sacki H, Kasagi Y, Nakashima Y, Au
10 Yukaya Japan	J Am Coll Surg	2015 Prospective Esophagectomy	27	ICG	0.1 mg/kg	IV	Before pulling up the tip of the gastric tube to the neck	HEMS	Trends of fluorescence intensity	Assessment of gastric tube perfusion	NA (Perfusion types could be classified into normal, inflow delay, and outflow delay)	d NA	No relationships between fluorescent types and anasto	enot None	NA	NA		K, Imamura Y, Ohgaki K, Oki E, Morita M, Machara Y. Indocyanine Green Fluorescence Angiography for Quantitative Evaluation of Gustric Tube Perfusion in Patient Undergoing Esophagectomy. J Am Coll Surg. 2015 Aug;221(2):e37-42.
11 Kitagawa Japan	Anticancer Res	2015 Retrospective Esophugeal surgery with gustric tube reconstruction	on 51	ICG	5 mg in 2 mL	IV	Before (n=23) and after (n=28 creation of the gastric tube	) HyperEye Medic System (HEMS)	al Trends of fluorescence intensity	Visualize stomach arterial networks	100%	NA	Using ICG-VA before creating the gastric sleeve decreased anistomotic leakage rate from 17.9% to 4.4	NA	NA The CUSUM I	NA lost		Kitagawa H, Namikawa T, Munekage M, Akim T, Kobayashi M, Harazaki K. Anticancer Res. 2015 Nov;35(11):6201-5.
12 Campbell US	J Gastrointest Surg	2015 Retrospective Esophagectomy with gastric conduit reconstruction	90 (30 received ICG-VA m and 60 did not receive ICG VA)	i- ICG	5 mg	IV	Before ansatomosis	SPY Elite	NA	Evaluate conduit blood supply	NA	NA	Anastomotic leakage rate was 20% in patients who did not receive ICG-VA and zero in patients who received ICG-VA	I NA	changes in practices that implemented is the surgical ter with cumulate experience	iem		Campbell C, Rearnes MK, Robinson M, Symanowski J, Salo JC. 3 Gastrointest Surg. 20 May;19(5):806-12. doi: 10.1007/s11605-015-2 3.
13 Frattini Italy	Obes Surg	2015 Retrospective Laparoscopic sleeve gastrectomy	15	ICG	NA	IV	After stomach resection	Image 1 SPIES (Karl Storz)	NA	Identify gastric leaks	100%	NA	No postoperative complications (follow-up period was	2 mNA	NA	NA		гания г., сачага м., мандано л., лико г., Rausei S, Rovera F, Boni L, Dionigi G. Obes ! 2015 May;25(5):949-50. doi: 10.1007/s11695 Nd\$280 г., закагат г., магиуата ъ, слама г.,
14 Nakano Japan	World J Gastroenterol	2015 Case report Distal gastrectomy	1	ICG	NA	IV	After distal gastrectomy	NA	NA	Blood flow in the right gastroepiploic artery and th proximal gastric tube	nc 100%	ICG-VA prompted gastrojejunal anastomosis	Uneventful postoperative course	None	NA	NA	The speed of blow	Karmei T, Miyata G, Ohachi N, World J Gastroenterol. 2015 Jun 7;21(1):369-72. doi: 10.3745/sis.v011 3746 Koyanagi K, Ozawa S, Oguma J, Kazuno A, Yarmzaki Y, Ninorniya Y, Ochiai H, Tachime Medicine (Baltimore). 2016 Jul;95(30):e4386.
5 Koyanagi Japan	Medicine (Baltimore)	2016 Prospective Esophagectomy with gastric conduit reconstruction	n 40	ICG	1.25 or 2.5 mg	IV	After pulling up the gastric conduit	PDE (Hamamuts Photonics)	u Trends of fluorescence intensity	Perfusion of the gastric conduit	100%	NA	Seven patients with delayed perfusion experienced anastomotic leakage	NA	NA	NA	flow in the gastric conduit wall can be correlated with the	
16 Nakashima Japan	J Am Coll Surg	2016 Case series Esophagectomy with gastric tube reconstruction	34	ICG	NA	IV	After construction of the gastri tube	ic HyperEye Medic System (HEMS)	al NA	Assessment of blood supply to the omental flap	y NA	A poorly perfused area in ICG-VA readings is resected (number of patients)	ent Only one case of anistomotic leakage occurred	NA	NA	NA		10.1097/Sall.x00000000000000000000000000000000000
7 Fikfak US	Int J Surg Case Rep	2016 Case report Minimally invasive Ivor Lewis esophagectomy	1	ICG	2.5 mg	IV	Before anastomosis	NA	NA	Perfusion of the gastric conduit	100%	NA	Uneventful postoperative course	NA	NA	NA		10 1016/5 ismo-ollurus 2016/01 048 Fikfak V, Guur P, Kim MP. Int J Starg Case R 2016;19:112-4. doi: 10.1016/j.ijscr.2015.12.0 Kim M, Son SY, Cui LH, Shin HJ, Hur H, Ha Real-time Vessel Navination
18 Kim Korea	J Gastrie Cancer	2017 Prospective Lapuroscopic or robotic gastrectomy	20	ICG	7.5 mg (3 mL)	IV	Before identification of infrapyloric artery (IPA)	Firefly <sup>TM</sup> , Storz Light P	D- NA	Identification of IPA anatomy and accessory splenic artery	80% for IPA, 50% for accessory spleni artery	ia NA	No splenic infarction was observed after the use of flaorescence irraging for identification of accessory splenic artery	None	NA	NA		Real-time Vessel Navigation Using Indocyanine Green Flaorescence during Robotic or Laparoscopic Gastrectomy for Gastric Cancer. J Gastric Cancer. 2017 Jun;17(2):145-153.
19 Schlottmann US	J Laparoendose Adv Sur Tech A	rg 2017 Prospective Esophagectomy	5 40 (20 undergoing	ICG	5 mg	IV	After pulling up the gastric conduit into the chest and before performing the anastomois	NA	NA	Visualization of blood suppl of the gastric conduit	by 100%	40% changes in surgical procedure (resection of the devitalized portion	od No anastemotic leaks	None	NA	NA		Schlottmann F, Patti MG. J Laparoendose Ad Tech A. 2017 Dec; 27(12):1305-1308. Jansen SM, de Bruin DM, van Berge Henegot
20 Jamsen The Nethe	rlands Pilot Feasibility Stud	2017 Prospective Esophagectomy with gastric tube reconstruction an	esophagectomy with gastri and f tube reconstruction and 20 undergoing free flap	ic ICG	2.5 mL	IV	After construction of the gustri tube or elevation of the flap	ic Artemis (Quest Medical Imaging	Trends of fluorescence intensity	Correlate perfusion with clinical outcomes	NA (this is a protocol for a prospective study)	NA (this is a protocol for a prospective study)	NA (this is a protocol for a prospective study)	NA	NA	NA		Jamsen SM, de Bruin DM, van Berge Henegou MI, Strackee SD, Veelo DP, van Leeuwen TG Gisbertz SS. Pilot Feasibility Stud. 2017 Nov 25;3:65. doi: 10.1186/s40814-017-0204-1.
21 Karampinis Germany	Int J Surg	2017 Retrospective Esophagestuny with gash's conduit reconstruction	90 (35 who received ICG- u VA and 55 who did not receive ICG-VA)	ICG	7.5 mg	IV	After pulling up the gastric conduit	PinPoint (Novadaq)	NA	Assess blood supply in the gastric conduit to reduce anastornotic leakage	NA	ICG readings deviated from visual assessment in eight of the 35 cases (	The authors report $11$ ( $\simeq$ 2) cases of anastomic leak in total; it is unclear from their phensis whether they corrupting ICO and non-ECG groups ("One case of maniformic leakings was observed in the group of patients in which the anastomics leakings was observed in the group of patients in which the anastomics could be performed the options (123), 393) compared with 0 cases in the options (123), 393) compared with 0 cases in the contrast of the profit of the profit of the patients developed anastomics leakings.—comparing the complete ICO; which the contrast propose whost considering the options and therefore the options ICO perfusions as a key fact of the placement of the anastomics did not result in 1 of the placement of the anastomics did not result in 1 of the placement of the anastomics did not result in 1 of the placement of the anastomics did not result in 1 of the placement of the anastomics did not result in 1 of the placement of the anastomics did not result in 1 of the placement of the anastomics did not result in 1 of the placement of the anastomics did not result in 1 of the placement of the anastomics did not result in 1 of the placement of the anastomics did not result in 1 of the placement of the anastomics did not result in 1 of the placement of the anastomics did not result in 1 of the placement of the anastomics did not result in 1 of the placement of the anastomics did not result in 1 of the 1 of th	in : ses NA an oup	NA	NA		Kazampisis I, Ronellenfitsch U, Merteus C, G A, Heigem S, Post S, Kiesle P, Novok K. Int J Sing, 2017 Dec-48/210-214. doi: 10.1016/j.jpu.2017.11.001.
22 Ohi Japan	Esophagus	2017 Retrospective Esophagectomy with gastric tube reconstruction	120 (59 received ICA-VA and 61 did not receive ICG VA)	i- ICG	2.5 mg	IV	After construction of the gastri conduit	ic PDE (Hamamuts Photonics)	u NA	Assess blood supply in gastric conduit	NA	The level of perfusion dictated the type of anastomosis performed	Ten patients (8.3%) developed anastomotic leakage	NA	NA	NA		Oln M, Toryamu Y, Mohri Y, Saigusa S, Ichik T, Shirmara T, Yasuda H, Okita Y, Yoshiyama Kobayushi M, Araki T, Inoue Y, Kusunoki M. Esophagus. 2017;14(4):351-359. doi: 10.1007/s10188.017.058.5
3 Kitagawa Japan	In Vivo	2017 Case report Esophagectomy with gastric tube reconstruction	1	ICG	NA	IV	After vein anastomosis	NA	NA	Confirm venous blood flow	100%	None	No postoperative anastomotic leakage	NA	NA	NA		10 fun7ic1038E.0172.058E.5 Kituguwa H, Namikuwa T, Iwabu J, Hanazai Vivo. 2017 Sep-Oct;31(5):1019-1021. doi: 10.21873/invivo.11163. Miyaucch W, Shishido Y, Kono Y, Marakam Kuroda H, Fukumoto Y, Osaki T, Sakamsto
4 Miyauchi Japan	Yonago Acta Med	2018 Case report Remove remnant stomach cancer after esophago-pa	prox I	ICG	25 mg in 10 mL saline	IV	After separating the remnant stomach from the surrounding tissues Twice: 30 minutes after	Image 1 SPIES (Karl Storz)	NA	Assess blood flow in the remnant stornach	100%	ICG-VA decided the resection lines	Grade 3 wound infection delayed discharge from the hospital to postoperative day 28	NA	NA	NA		Honjo S, Ashida K, Saito H, Fujiwara Y. Yon Acta Med. 2018 Sep 26;61(3):187-191. doi: Vla H690/ETVIN/SIB-092thove Y. Ceeten V
25 Van Duele Belgium	Medicine (Baltimore)	2018 Prospective Esophugeal reconstruction	70	ICG	0.5 mg/kg	IV	creation of the stornach graft and immediately before creation of the esophagogastric anastornosis	Visera Elite (Olympus)	Trends of fluorescence intensity	Assess graft perfusion and oxygenation	NA (this is a protocol for a prospective study)	NA (this is a protocol for a prospective study)	NA (this is a protocol for a prospective study)	NA	NA	NA		Vanhove C, Braeckman BP, Hoorens A, Van Limmen J, Varin O, Van de Putte D, Willaert Pattyn P. Medicine (Baltimore). 2018 Sep;97(38):e12073. doi: 10.1097/MD.000000000110773 Ortegu CB, Guerron AD, Voo JS, JSLS. 2018 Jun;22(2):e2018.00005. doi:
6 Ortega US	JSLS	2018 Retrospective Laparoscopic sleeve gastrectomy	86	ICG	1 mL before construction o the sleeve and 3 mL after construction	IV	the sieeve (twice)	of PinPoint (Novad		Assess perfusion in the stomach and gastroesophageal junction	NA	NA	NA	NA	NA	NA		Ortega CB, Guerron AD, Yoo JS. JSLS. 2018 Jun;22(2):e2018:00005. doi: 10.4293/JSLS.2018:00005. Kumagai Y, Hatano S, Sobajima J, Ishiguso T
7 Kumagai Japan	Dis Esophagus	2018 Retrospective Esophagectomy with gastric tube reconstruction	70	ICG	2.5 mg	IV	After creation of the gastric tube and before pulling up to the neck	PDE (Hamamats Photonics)	NA NA	Confirm perfusion at the anastemosis site	NA	In 18 of 70 cases (25.7%), ICG-VA prompted a changed in the planned anastomosis site and excision of the hypoperfused area	Overall rate of anastomotic leakage was 1.4% (one particular and particular anastomotic leakage was 1.4%).	tient NA	NA	NA		Fukuchi M, Ishibashi KI, Mochiki E, Nakajiri Ishida H. Dis Esophagus. 2018 Dec 1;31(12). 10.1093/dote/doy052.
28 Maruoka Japan	Asian J Endose Surg	2018 Case report Laparoscopic distal gastrectomy after distal pancres	eate I	ICG	2.5 mg	IV	Before and after gastrojejanostomy	Inforcept: Near Infrared Visualization (Stryker Corporation)	NA NA	Confirm blood flow in the remnant stornach	100%	No changes to the procedure required; ICG-VA confirmed adequate block	ox Uneventful postoperative course	NA	NA	NA		Maruoka S, Ojima T, Nakamori M, Nakamara Hayata K, Katsuda M, Tsuji T, Yamaue H. As Endosc Surg. 2018 Aug;11(3):252-255. doi: 10.1111/ascs.12447.

## Supplementary Table 2: Perfusion assessment in upper GI surgery

					Patient selection			In	oging tech	niques				Endpoint measures		Adverse				
Ref. No.	Author	Country	Journal	Year Study design	Subject	N (cases)	Fluorogenic agent	Dose	Route	Timing	Imaging system Quantitative measurement	nt Main endpoints	Imaging accuracy/success rate	Clinical impact, changes in intraoperative decision-making	Clinical impact, advantages in postoperative outcomes	effects	Learning curve	Cost analysis	Other comments	Ref. detail
25	Dalton	US	Am J Surg	2018 Retrospective Minimally	invasive Ivor Lewis esophagectomy	40 (20 received ICG-VA and 20 did not receive ICG- VA)	ICG	7.5 mg	IV	Unclear (the implication is that this was visualized after anastomosis)	PinPoint (Novadaq)NA	Assess blood supply in gastric conduit to reduce anastomotic leakage	NA	ICG-VA prompted resection in six out of 20 cases (30%)	reoperation did not vary between the two groups; anastomotic leakage occurred in two patients (10%) who received ICG-VA; no leakage developed in patients who did not receive ICG-VA		NA	NA	reduce leakage rate is	Dalton BGA, Ali AA, Crandall M, Awad ZT. Am J Surg. 2018 Sep;216(3):524-527. doi: 10.1016/j.amjsurg.2017.11.026.
36	Noma	Jupan	J Am Coll Stirg	2018 Retrospective Esophageo	tomy with gastric conduit reconstruction	285 (71 received ICG-VA and 214 did not receive ICG-VA)	ICG	12.5 mg	IV	dissection	PDE (Hamarratsu NA Photonics)	Assess blood supply in gastric conduit to avoid complications	NA	NA	The pulicing with volume_install ShaPAd inch Cer+8 group; rates of other complications did not differ between groups ? One patient in the ICG group and one patient in the non- ICG around did	NA	NA	NA		Norm K, Shrakawa Y, Kanaya N, Okada T, Maeda N, Ninomiya T, Tanabe S, Sakurama K, Fujiwara T. J Am Coll Surg. 2018 Mar;226(3):241-251. doi: 10.1016/j.jame.clbarg.2017.11.007. Katanawa H, Narmikawa I, Iwaba J, Pinnsowa K.
31	Kitagawa	Japan	Surg Endosc	2018 Retrospective Esophageo	tomy with gastric tube reconstruction	72	ICG	Smg + 10 mL saline	IV	Before (n=46) and after (n=26) matric tube creation	HyperEye Medical System (HEMS)	Assess blood supply in mastric tube	NA	NA.	Seven patients (9.7%) experienced anastomotic leakage	NA	NA	NA		Uemura S, Tsuda S, Hanazaki K. Surg Endosc. 2018 Apr; 32/4):1749-1754. doi: 10.1007/s00464-017-
										gastric tune creation	System (HESIS)	gastric tune								5957.6
32	Huh	Korea	J Laparoendose Adv Sur Tech A	2019 Prospective Laparosco	nic gustrectomy for gastric cancer	30	ICG	2.5-5.0 mg	IV		Image 1 SPIES Trends of fluorescence intensity (perfusion score of 1 to 5)	of Assess bowel perfusion	76.7% (23 out of 30 patients)	No changes in the surgical plans	Only one case of anastomotic leakage occurred; one case of stenosis and one case of fluid collection	NA	NA	NA		Huh YJ, Lee HJ, Kim TH, Choi YS, Park JH, Son YG, Suh YS, Kong SH, Yang HK. J Laparoendose Adv Sung Tech A. 2019 Apr;29(4):476-483. doi: 10.1089/lap.2018.0263.
33	Di Furia	Italy	Obes Surg	2019 Retrospective Laparosco	pic sleeve gastrectomy	43	ICG	5 mL	IV	After construction of the gastris sleeve	OPALI (Karl Storz) NA	Assess blood supply to the gastric tube	NA	NA	One patient experienced gastric leak	NA	NA	NA	prognostic factor in	Di Furia M, Romano L, Salvatorelli A, Brandolin D, Lomanto D, Cianca G, Schietterna M, Carlei F, Gialiani A. Obes Sarg. 2019 Dec;29(12):3786- 3790. dec: 10.1007/s11695-019-04085-y.
34	Olmi	Italy	Obei Surg	2019 Case report Modified s	leeve gastrectomy with laparoscopic Ro	sset I	ICG	NA	IV		Image 1 SPIES NA (Karl Storz) NA	Assess vascularization of the stapler line	ne 100%	Intraoperative course was uneventful	Postoperative course was uneventful	None	NA	NA		Omi S, Jawa G, Cesana G, Ciccarese F, Giorgi R, De Carli S, Uccelli M. Obes Sarg. 2019 Sep;29(9):3086-3088. doi: 10.1007/a11695-019- 03070 w
35	bhige	Jupan	J Surg Res	2019 Prospective Esophage	tomy with gastric conduit reconstruction	20	ICG	1.25 mg	IV	Three times: before disconnecting the perigastric vessels, after formation of the gastric tube, and before intrathoracic or cervical	Olympus (no other ROIs software details given)	Quantitative assessment of perfusion in the gustric conduit	NA	NA	No leakage developed in any of the patients; five cases (25%) had postoperative complications but no anastomotic stemosis or death	NA	NA	NA		Ishige F, Nabeya Y, Hoshino I, Takayama W, Chiba S, Arimitsu H, Iwatate Y, Yanagbashi H. J Surg Res. 2019 Feb;234:303-310. doi: 10.1016/j.jss.2018.08.056

NA, not available or not assessed