**Introduction**

Sentinel lymph node is the first lymph node that is in the line of the drainage of an identified tumor. It is assumed that, if this lymph node is negative for tumor cells the remaining lymph nodes will also be negative. This concept has been successfully and widely developed and applied in breast and melanoma tumors. In the beginning of the XXI century, the Japanese began to use and apply the concept of sentinel lymph node to gastric cancer.

**Objective**

To apply the sentinel node technology to portuguese patients with gastric cancer stages T1/T2, N0. The authors use sub-serosal injection of indocyanine green in four cardinal points in the peri-tumoral area. The identification and excision of the colored lymph nodes occurs 5 minutes after the injection. The surgical protocol included D2 dissection in all patients.

**CONCLUSIONS**

The use of indocyanine green as a method to the identification of the sentinel node in gastric carcinoma showed good results. This is an area of very promising study results that could bring enormous advantages in the most accurate staging of gastric tumor. It can also contribute to a more individualized therapy of gastric carcinoma.