

LAPAROSCOPIC ILEOCOLIC ANASTOMOSIS: TIPS AND TRICKS

EGYPTIAN SOCIETY OF COLORECTAL SURGEONS

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DISCLOSURES

- Stryker Endoscopy
- Applied Surgical
- Conmed
- Proximie
- Human Extensions
- LivsMed
- Distal Motion
- Astellas Pharmaceuticals
- Endo Quest



@TamisYoda

LAPAROSCOPIC RIGHT COLECTOMY

- Laparoscopic mobilization with vascular pedicle ligation
- Umbilical (**midline**) extraction
- Division of mesentery
- Extracorporeal anastomosis (side-to-side)

WITH INTRACORPOREAL ANASTOMOSIS (ICA)

- Laparoscopic mobilization with vascular pedicle ligation
- Mesenteric division
- Intracorporeal anastomosis (isoperistaltic)
- **Pfannensteil** extracton

VIDEO – EXTRACORPOREAL



Courtesy Dan Popowich

BENEFITS OF MY 'OLD' TECHNIQUE

- It's FAST and EASY
- In good body habitus patients, lateral mobilization is all that is needed to extract
- Mesentery (residual mesentery) can be taken though the extraction incision
- You can upsize your midline incision as needed
- Allows for you to create an anastomosis that you are used to for open cases
- You get to touch the bowel (added layer of security)

POST OP RESULTS

Larger extraction sites than desired?

Pain

Wound infection rates

Incisional hernia rate (15%)

Overmobilization required

Can we get better? And if we can...

Does that translate to better patient outcomes?



PROVEN BENEFITS OF ICA

- Smaller incision size
 - Decreased pain (Add TAPP or QL block)
 - Decrease infection rate
 - Decreased hernia rate
 - Better cosmesis
- Faster return of bowel function
- Less Ileus
- Earlier discharge

POTENTIAL BENEFITS OF ICA

- Requires less lateral mobilization of the bowel
 - Anastomosis can be created anywhere where the bowel lies
 - Less trauma to the remaining bowel/mesentery during extraction
 - You will NEVER twist your anastomosis
- Allows smallest possible extraction incision
- Can choose any extraction incision you want

MY JOURNEY TO ICA



Society of American
Gastrointestinal and
Endoscopic Surgeons

Video Spotlight: Laparoscopic Right
Colectomy with Intracorporeal Anastomosis

Barry Salky, MD

Pg Course Getting Behind Advances in Colorectal Surgery

SURGICAL SPRING WEEK
SAGES 2016
Quality, Innovation and Mastery
MARCH 16-19, 2016 · BOSTON, MA

Program Chairs:
• Robert D. Fanelli, MD, MHA
• Thadeus L. Trus, MD

www.sages.org
www.sages2016.org

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Society of American Gastrointestinal and Endoscopic Surgeons (SAGES)

0:03 / 14:30

SAGES 2016 Surgical Spring Week



<https://www.youtube.com/watch?v=NmDxwROOpYo>

HOW DO WE GET THERE?

- **What is the same?**

- Your medial dissection
- Your lateral dissection

- **What is different?**

- Intracorporeal specimen division
- Intracorporeal anastomosis
- Intracorporeal **IcG** to help assess margins
- Sutured or stapled closure of common channel (“the hard part”)

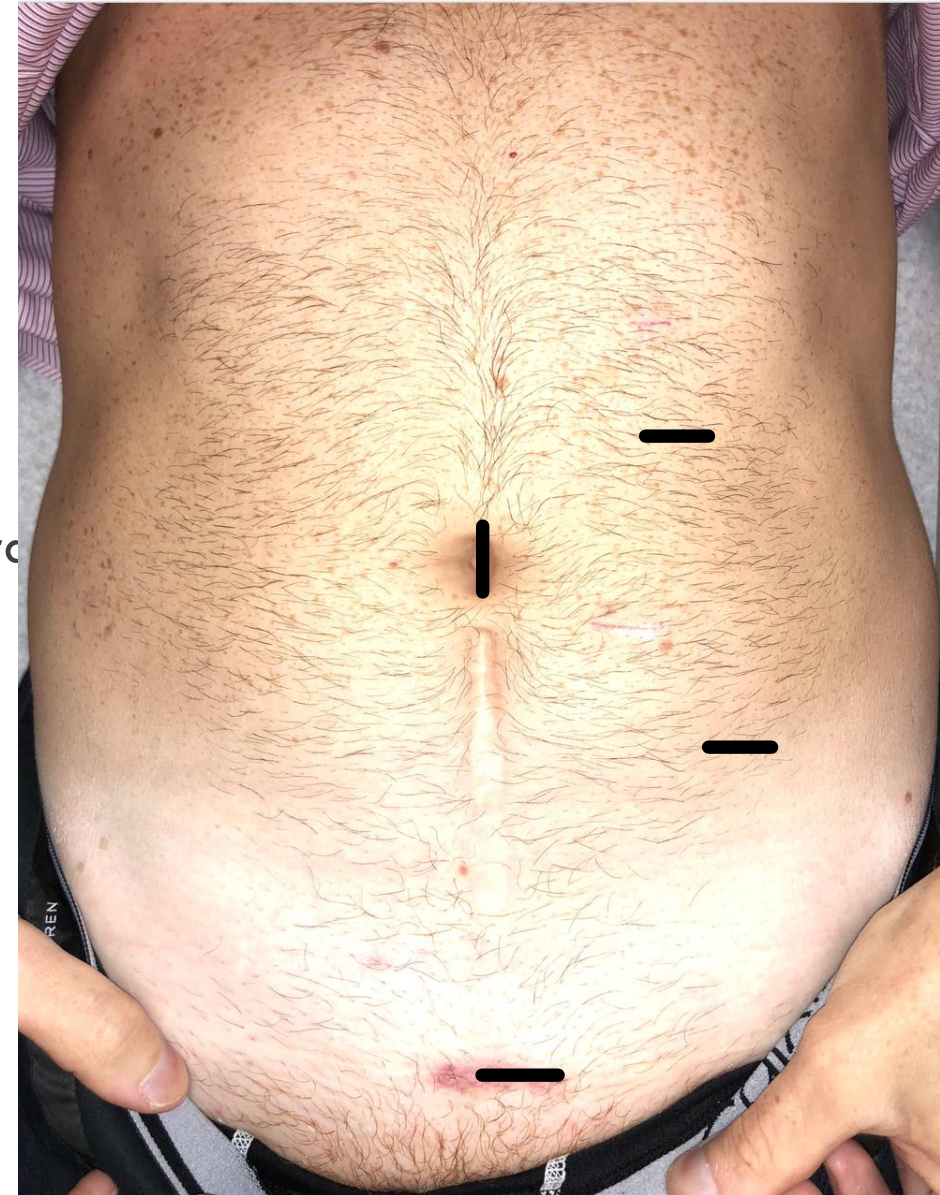
PATIENT POSITIONING

- Arms tucked
- Secured to table
- Pink pad
- Split leg acceptable



PORT POSITIONS - TRICKS

- Camera in umbilical port
- Left and right working arms should be triangulated around the camera
- 5mm suprapubic port (upsized for extraction)
- 5mm trocars are free
- LUQ,LLQ upsized to 12mm for stapler

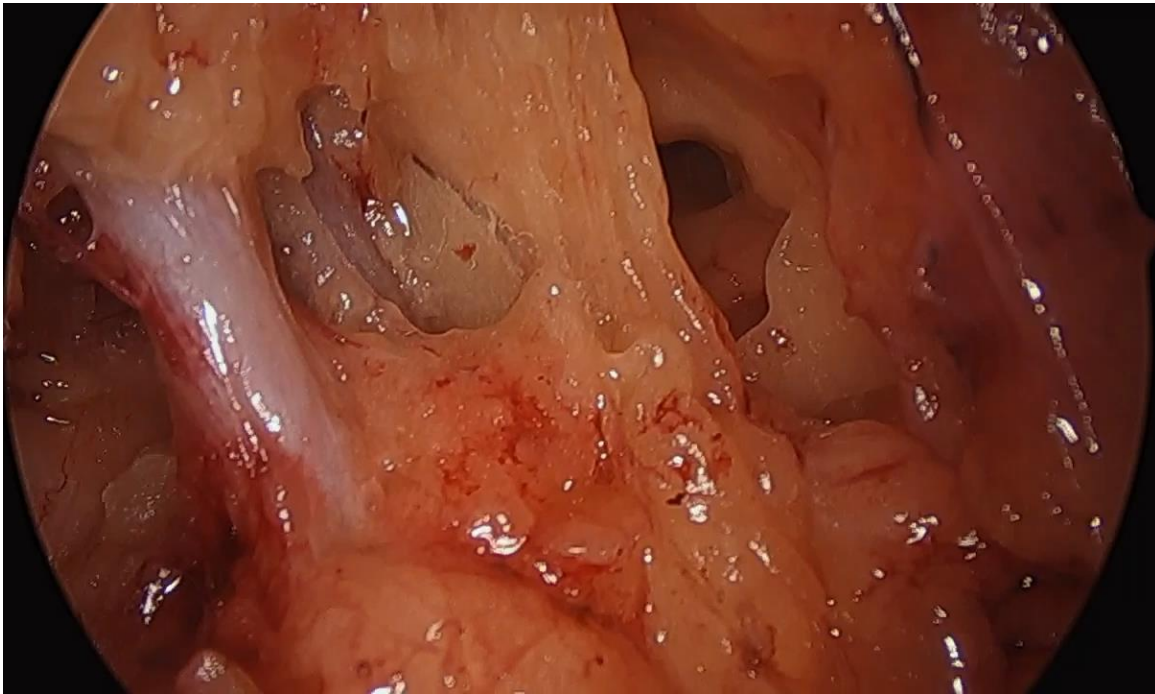


MESENTERIC DIVISION

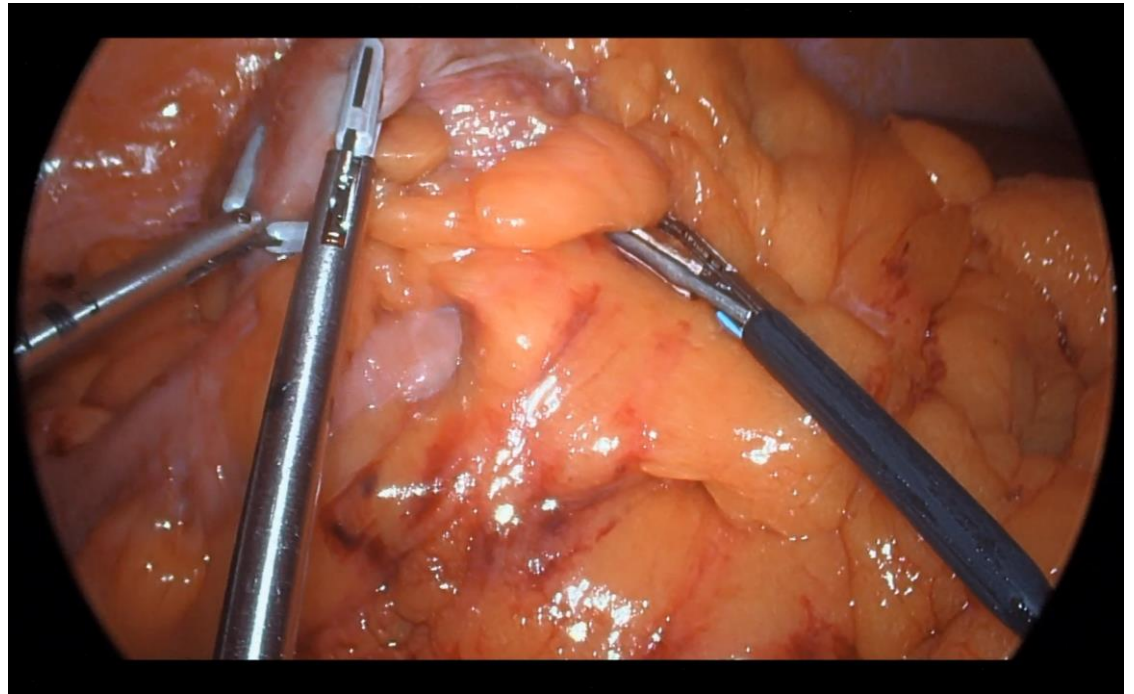
- After taking the right branch continue to divide the mesocolon
- Divide or remove omentum from the transverse colon
- Check perfusion (Visual +/- ICG)
 - I strongly recommend you do this early in your experience

MESENTERIC DIVISION

Mesocolon



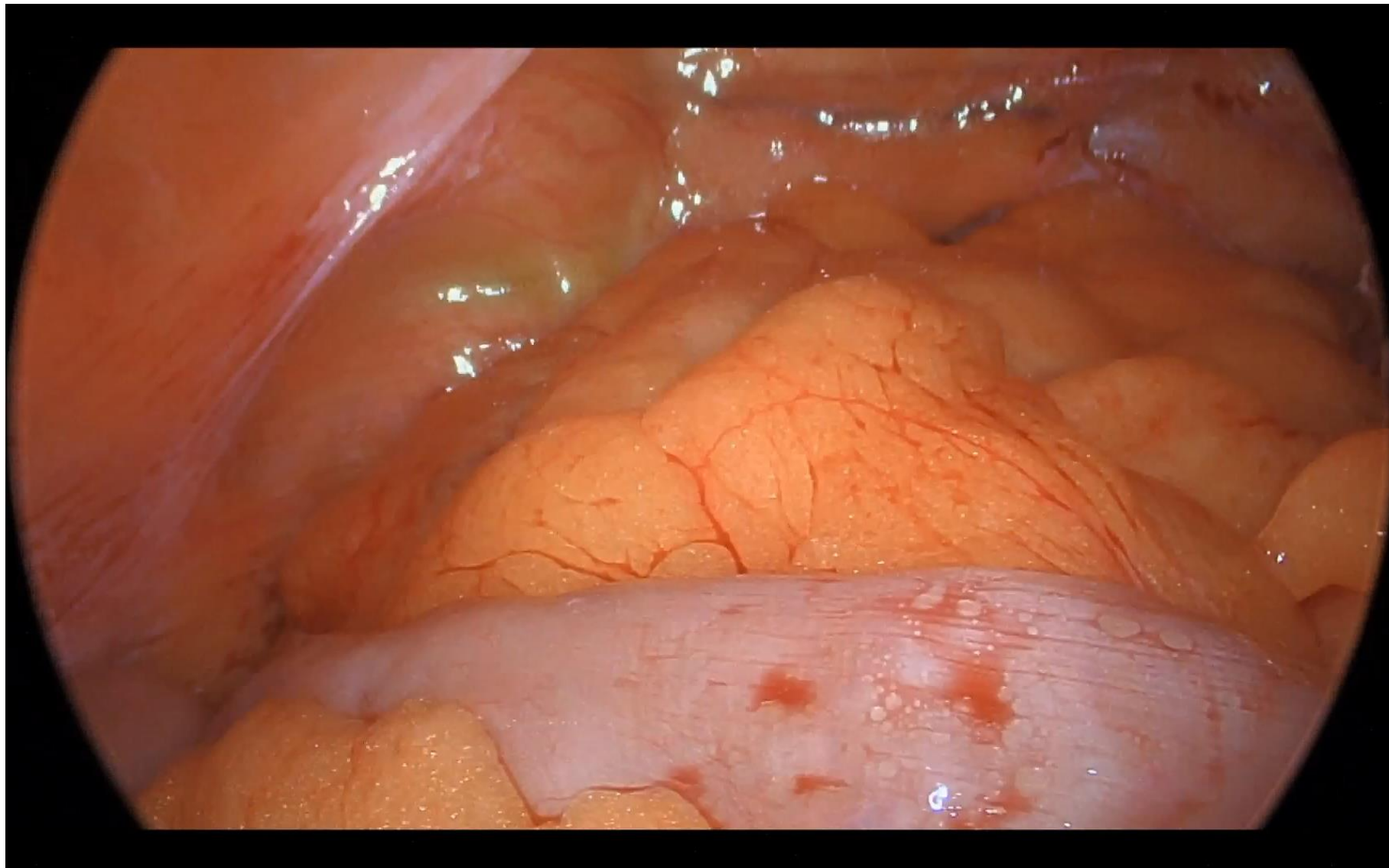
Ileum



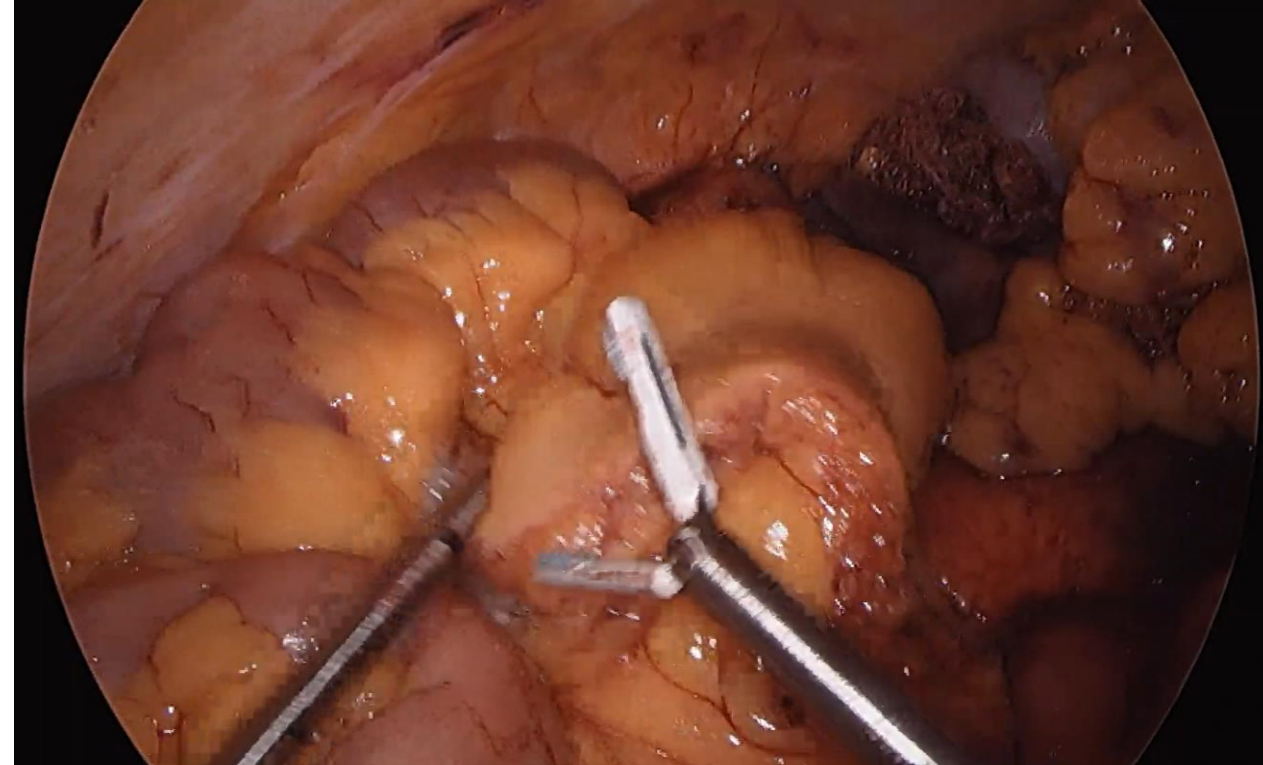
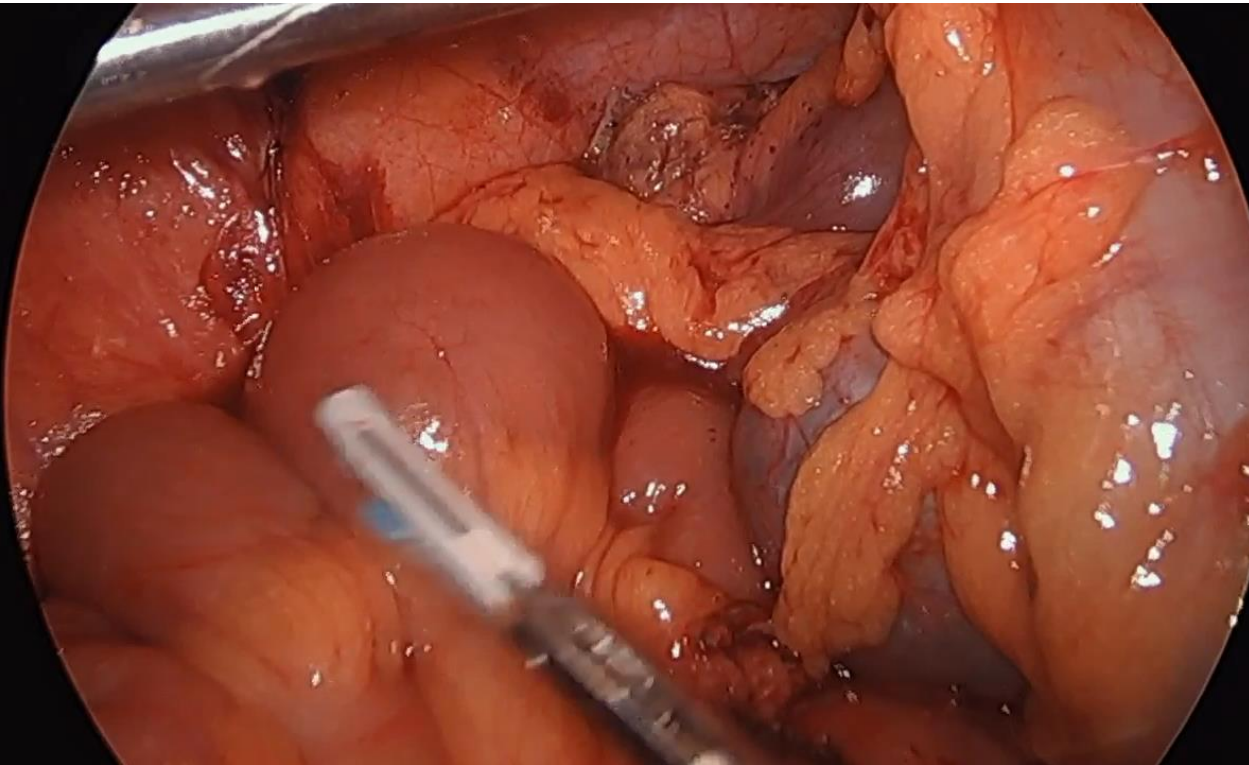
BOWEL DIVISION



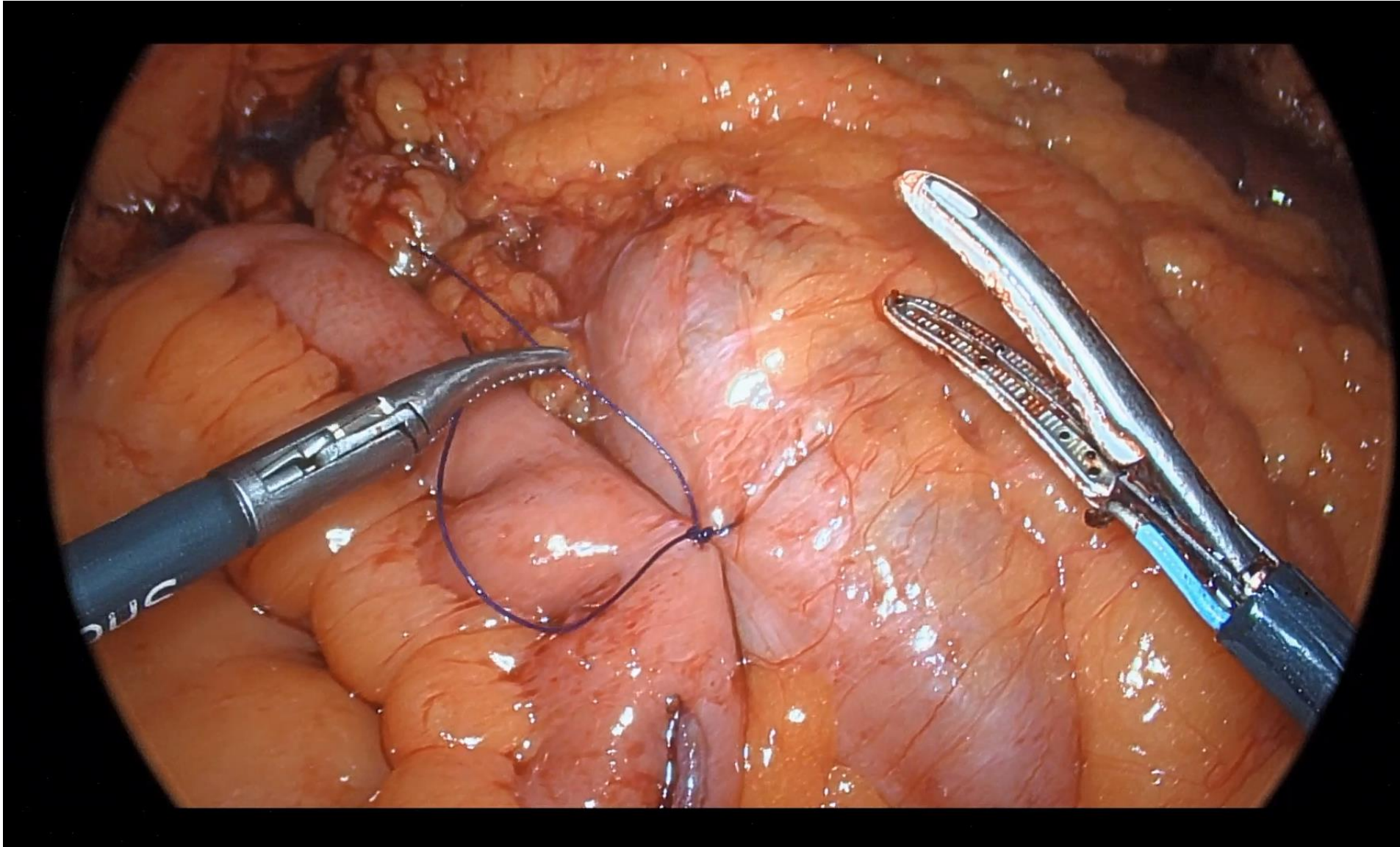
SETUP STITCH/ALIGNING THE BOWEL



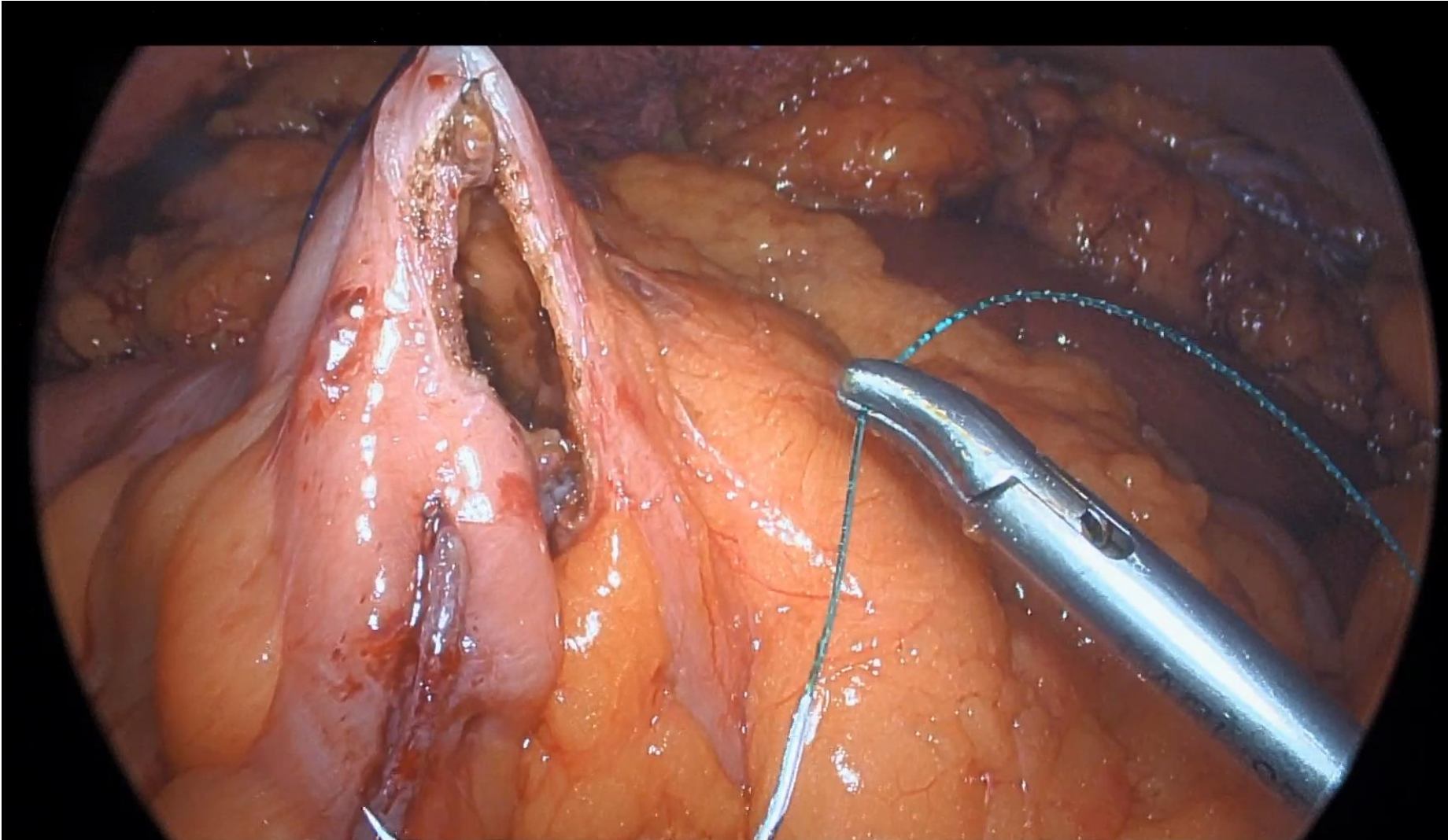
ALTERNATIVE TECHNIQUES



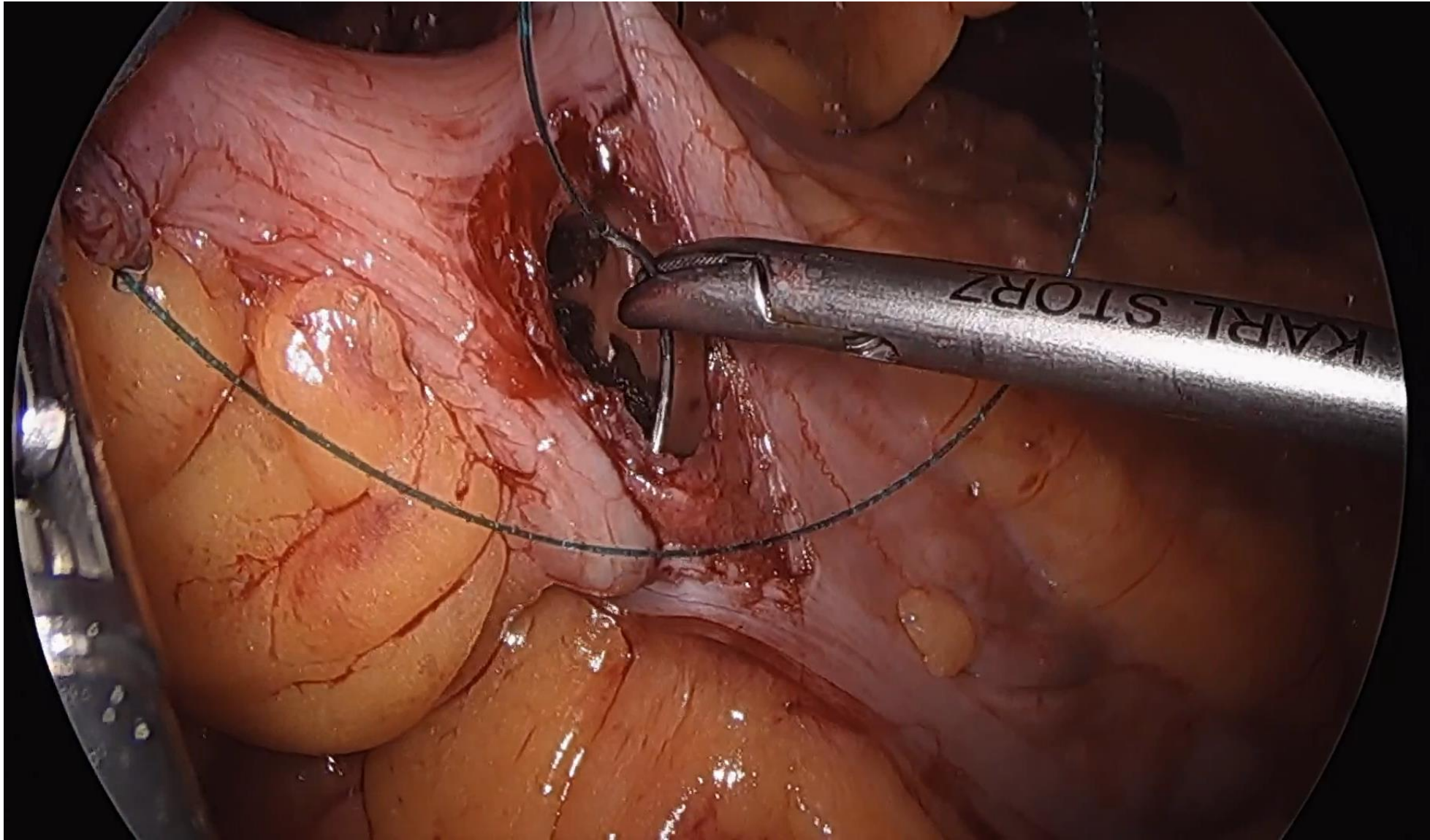
ILEOCOLIC ANASTOMOSIS

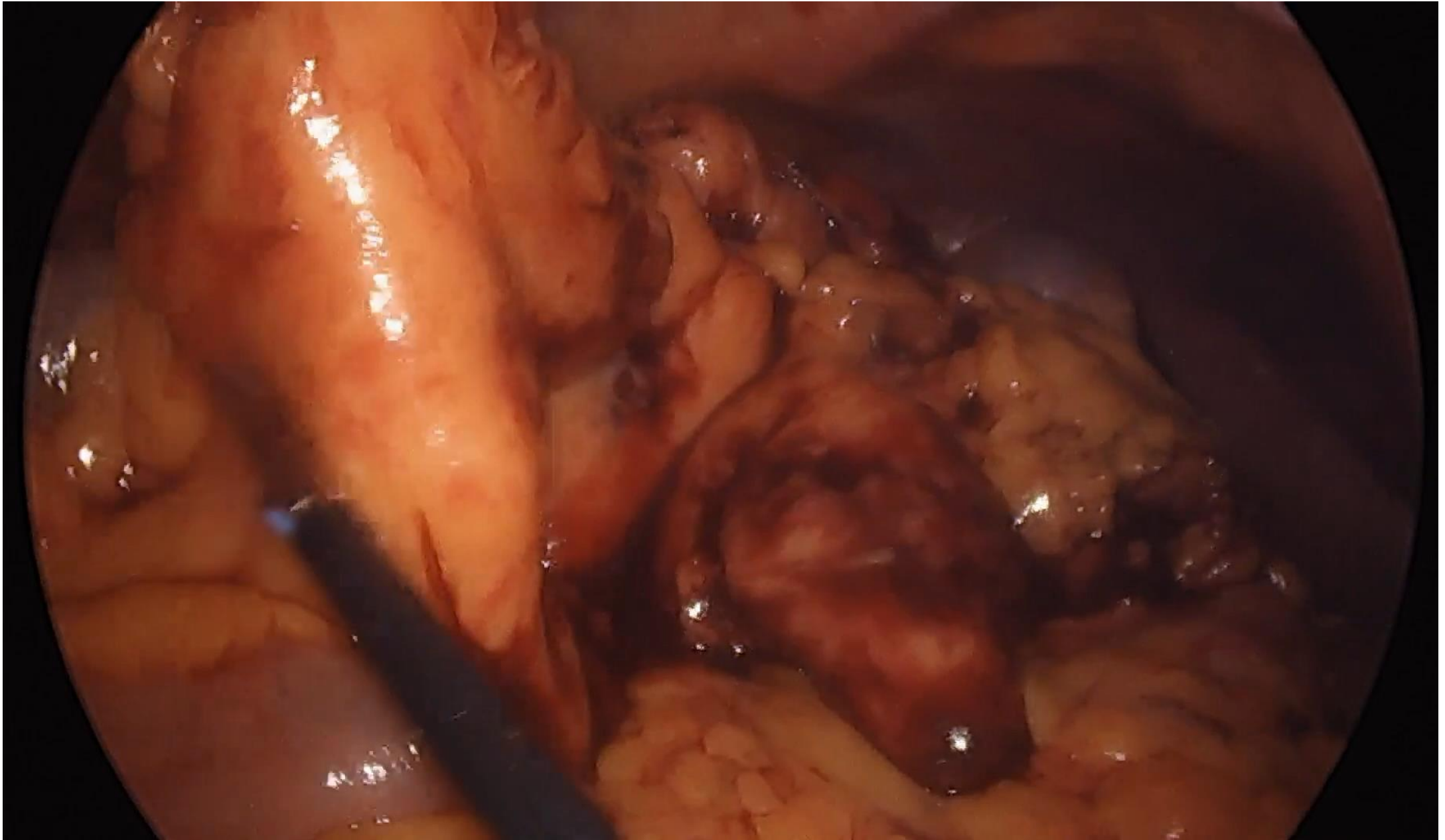


SUTURING THE COMMON CHANNEL

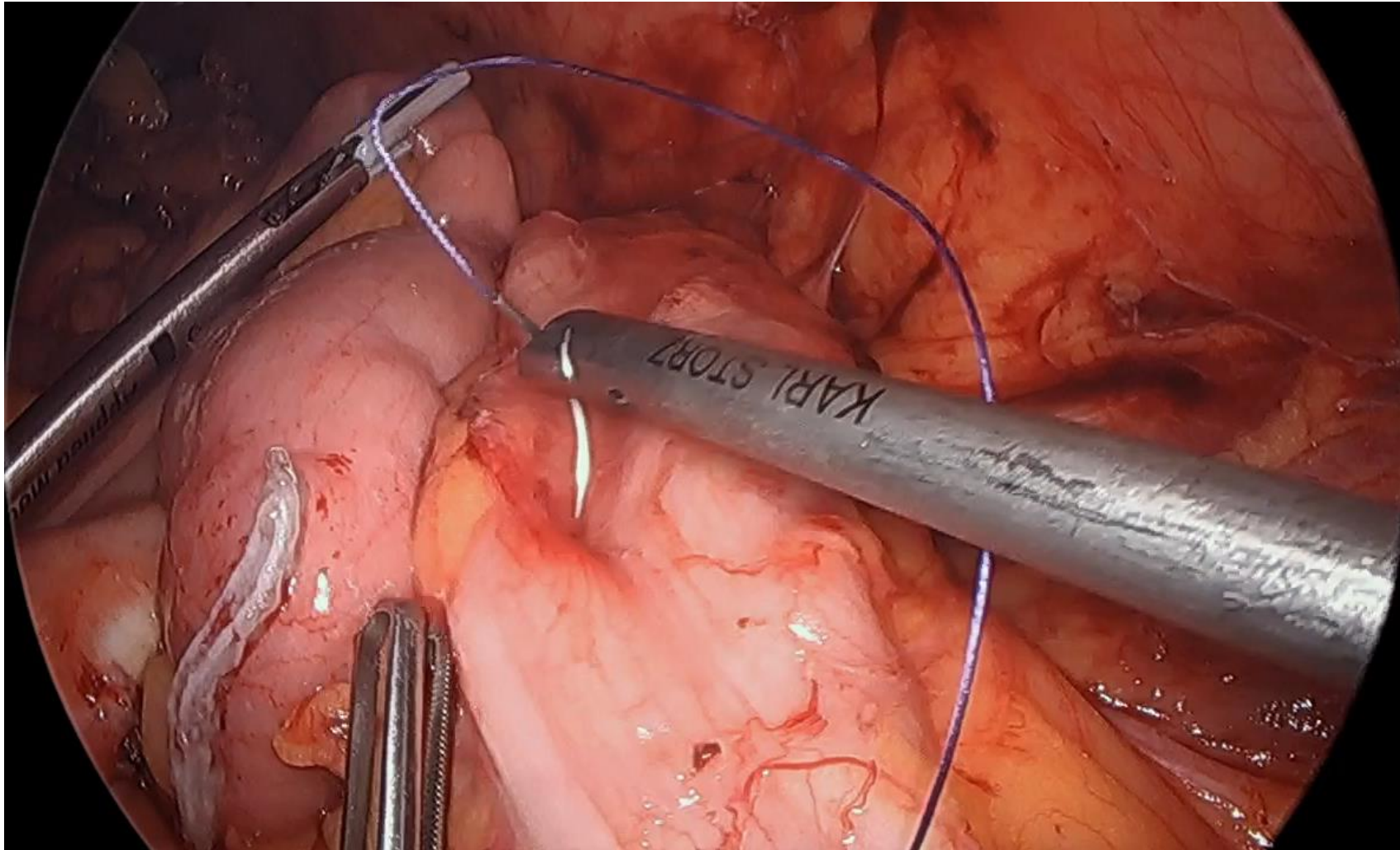


THE TORN CORNER





ILEO-DESCENDING COLON



TAKE HOME POINTS

- ICA offers great benefits to our patients
 - Less pain
 - Less Incisional hernia
 - Earlier discharge
 - Better cosmesis
- Once you get good at it, it can actually be faster than what you already do.

HOW TO GET STARTED

- Experiment with different port positions
- Get comfortable doing the mesenteric division
- Get comfortable with intracorporeal bowel division
- Pick a thin patient to start
- Watch videos to mentally prepare
- GO FOR IT!