
Lengthening procedure for pouch surgery in the laparoscopic era

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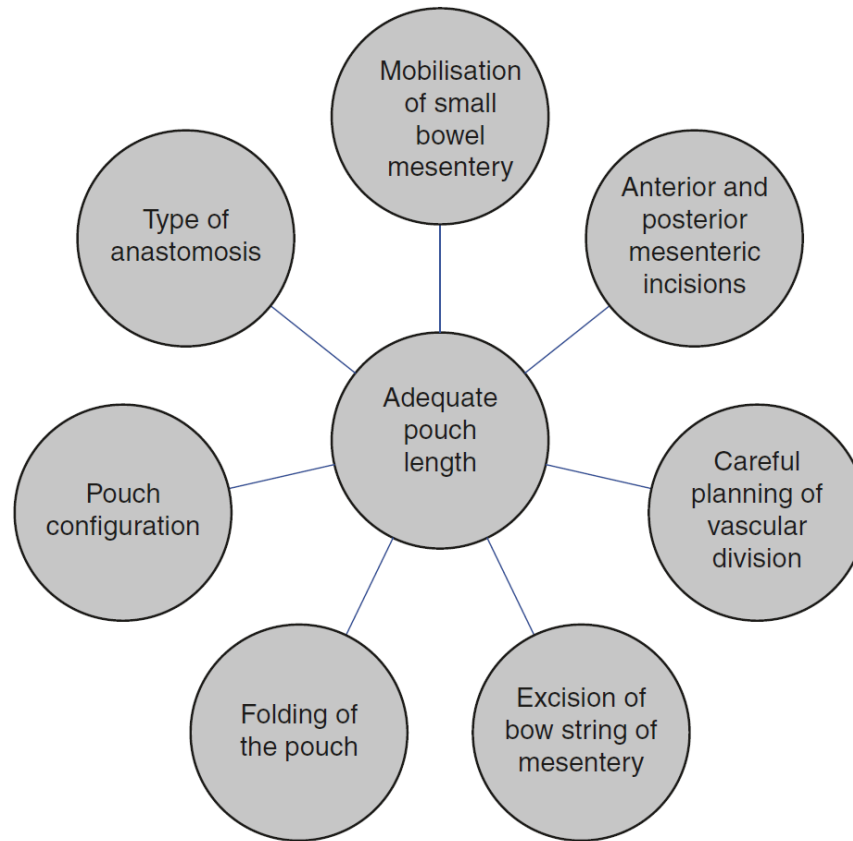
Why is laparoscopic era different

- Measuring the length through a small incision
- Ensuring the pouch is not twisted

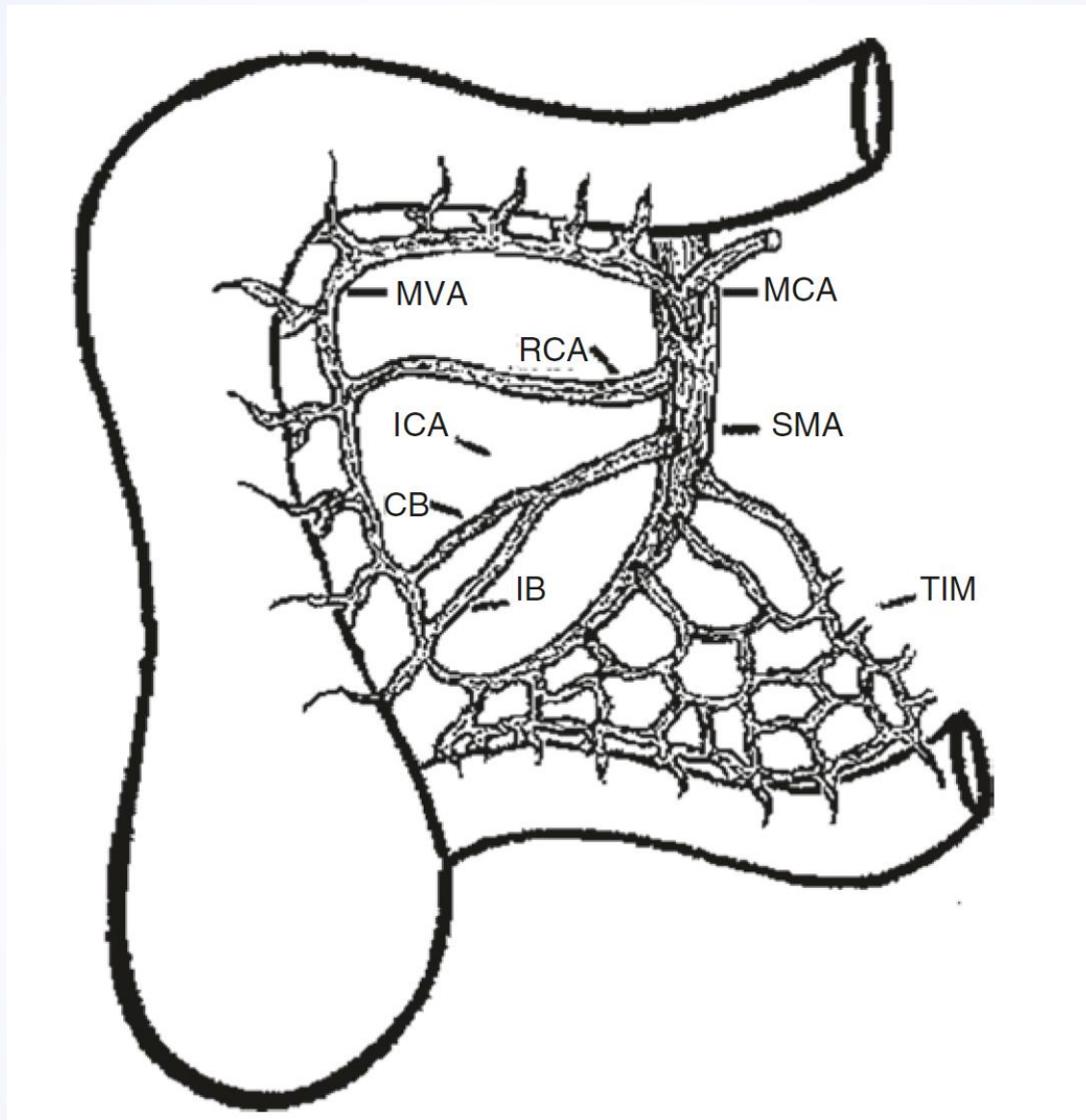
Where will we have issues with length

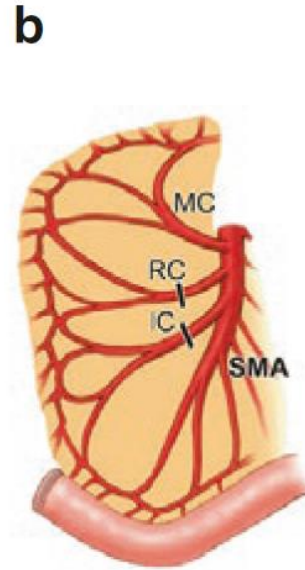
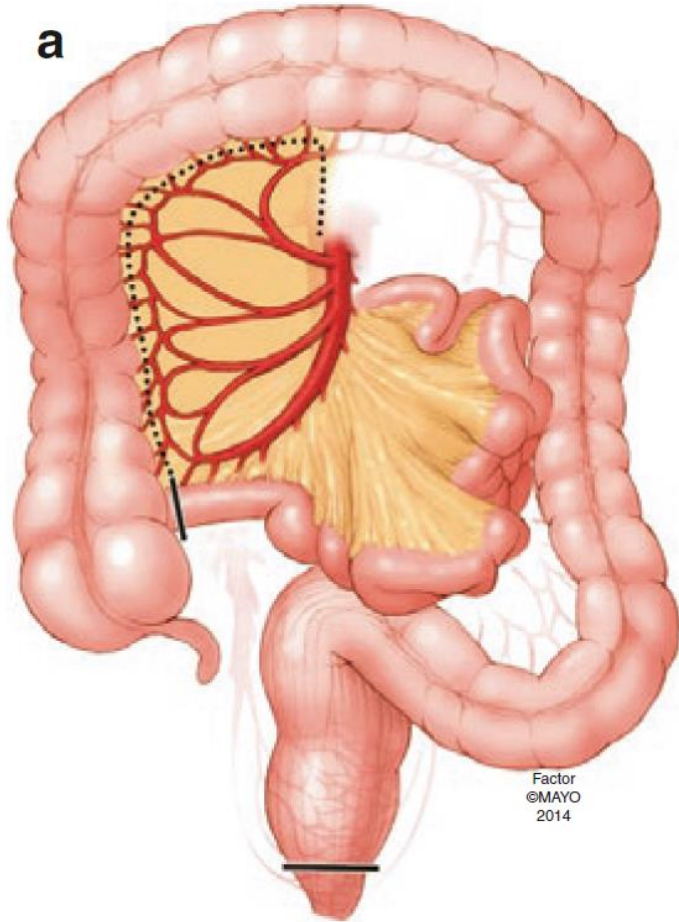
- Mainly obese males with a bulky mesentery
- Taller patients with narrow pelvis

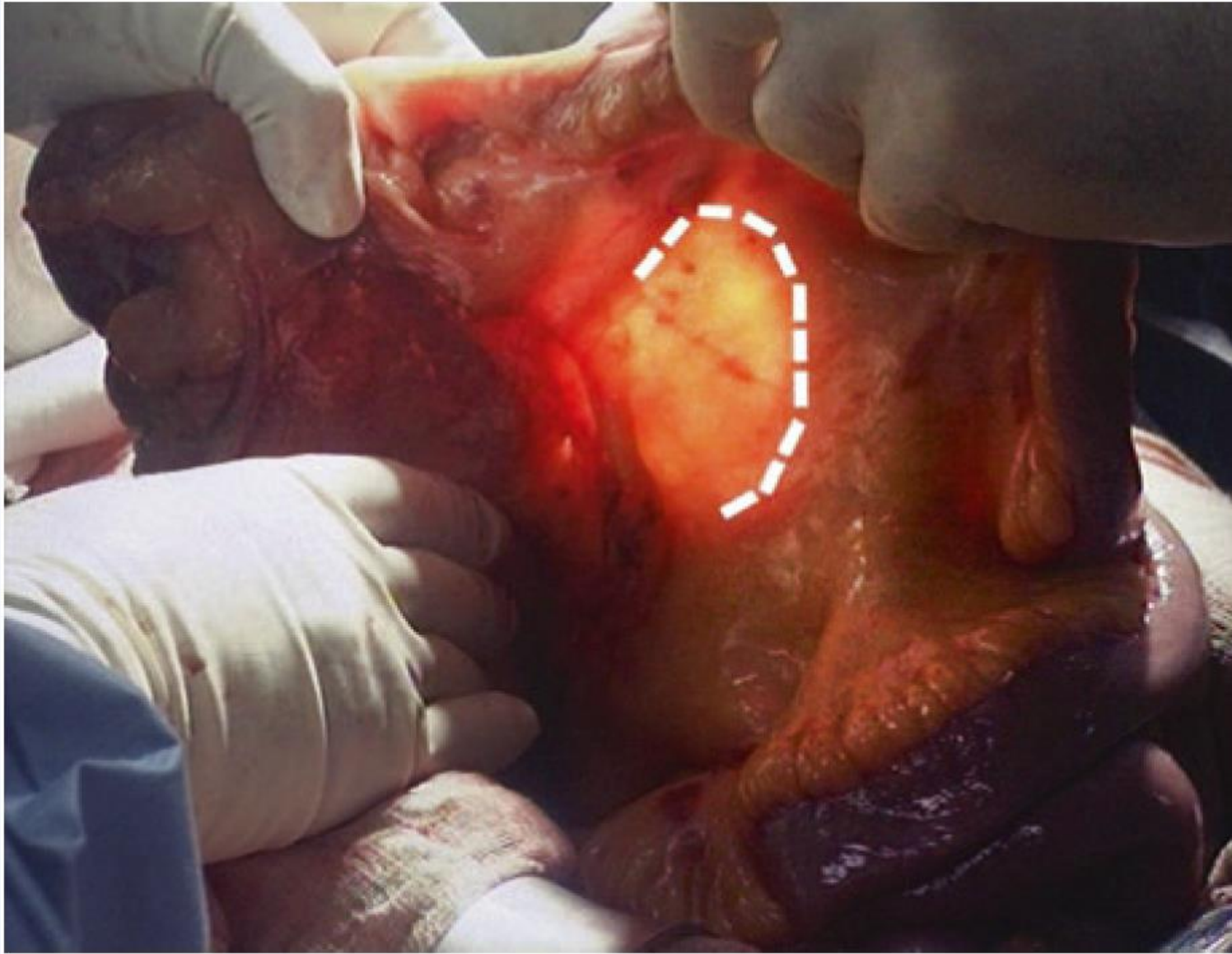
Steps to gaining appropriate pouch length



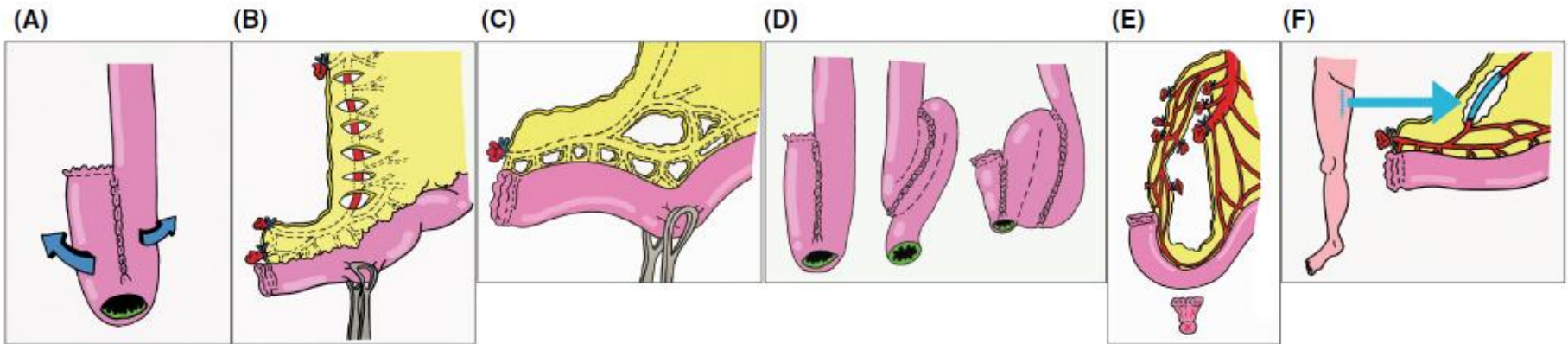
Distance from the inferior margin of symphysis pubis	Percentage of pouches to dentate line without tension
6 cm	100
4 cm	55
2 cm	33







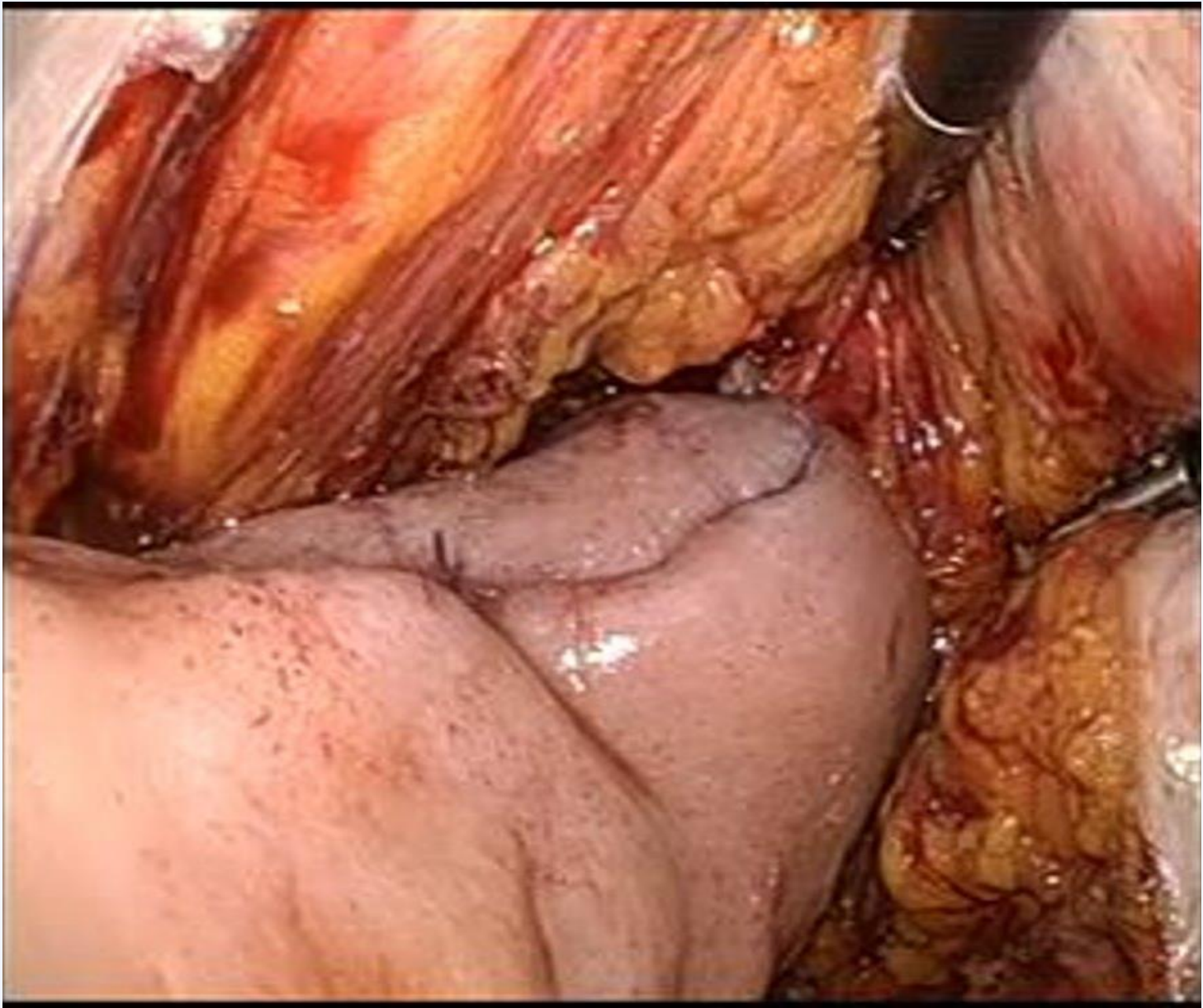
Different things we can do to increase length



- Mesenteric scoring
- Can gain a length of approximately 1 cm
- But be very careful damage can be done to the vessels
- A friable mesentery can rip blood vessels

- Dissect the mesentery to the level of the duodenum as the SMA SMV goes under the pancreas
- Be aware of damaging the SMV
- Patient placed in left side down position to ensure all the small bowel is on the left side
- Ensure that there is no bowel under the the mesentery





- Ensure the length is adequate before forming the pouch
- There are several tips for increasing pouch length some are more radical than others
- Ensure that the consent process allows to create a permanent stoma