

JOINT EVENT

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How to do single port sleeve gastrectomy in the navel as standardized procedure?**Houssein Fadhl**

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Introduction: Laparoscopic sleeve gastrectomy is the first bariatric procedure worldwide, commonly performed using laparoscopic multiport. Feasibility and safety of single port sleeve gastrectomy (SPSG) have been proved. We reported a standardized procedure describing the different steps as a reference for bariatric surgeons.

To perform SPSG, surgeons must integrate two new concepts. The first is the surgical corridor: surgeon working in a small intraperitoneal area is less disturbed by excess abdominal fat and liver hypertrophy. This is partly due to the position of instruments in the same axis. The second concept is the parietal space: this corresponds to the area in the abdominal wall through the instruments are introduced. Preservation of this space depends on the position of the trocar, the size, the number and axis of the instruments. The patient was placed in a seated position. Access was obtained using a 2.5-3 centimetre skin incision in the navel. The multiport single trocar was then placed within the abdominal cavity. The flexible scope allows initially exploring the peritoneal cavity. The dissection of the stomach was obtained with section and coagulation of right gastro-omental vessels around the stomach and short gastric vessels by the thermos fusion grasper, the sleeve of the stomach was created over a 36F calibrator. A 60-mm endoscopic reticulating stapler was used and beginning 5–7 cm proximal to the pylorus next to the gastro-pancreatic ligament and heading toward the left side of the gastroesophageal junction. At the end we obtain a linear staple line using 5 staples, haemostasis is controlled by bipolar coagulation. The specimen was removed easily through the single-site trocar. Parietal defect is repaired with continuous suture and the patients were discharged from the operating room without a nasogastric tube or drainage.

Conclusion: Single port sleeve gastrectomy in the navel is nowadays a standardised procedure based on two main notions; parietal space and the surgical corridor. This is a safe and reproductive procedure recommended for mainly morbid obese patients.

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