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Predication of intra-abdominal and pelvic adhesions at repeat cesarean section by scar characteristics

Asem Anwar Moussa

Alazhar School of Medicine, Egypt

Adhesion formation after abdominal or pelvic surgery is a common post-surgical complication and the consequences are a considerable burden for patients, surgeons and the entire health system. This cross sectional study was carried out among Egyptian pregnant women to assess the value of abdominal scar characteristics in predication of intra-abdominal and pelvic adhesions at repeat C-Sections. One hundred pregnant women with one or more previous C-section were enrolled for the study. The results showed that ladies with depressed scar were more likely to have dense abdominal and pelvic adhesions and more than 60% of those with more than 2 sections had combined dense adhesions at different sites of pelvis and abdomen.

dramoussa77@hotmail.com
aseманwar 54@g mail.com

Esophageal robot assisted surgery

Frédéric Lourdaux and Sandra Riou

Rouen University Hospital, France

Introduction: The conventional surgery of the esophagus performed through 2-3 incisions, is associated with high morbidity on the respiratory level. The introduction of the mini-invasive techniques in digestive and thoracic surgeries is expected to improve the outcomes of this kind of surgery. Meanwhile, the anatomical position of the esophagus remains challenging to access via the mini-invasive videoscopic incisions explaining the usage of prone positions sometimes.

Objectives: The main aim behind our work is to present the robotic-assisted techniques of the esophagectomy with gastro-esophageal anastomosis during transhiatal esophagectomy with delayed esophageal reconstruction; Ivor - Lewis surgery and; Technique involving 3 incisions in the abdomen, chest and in the neck.

Methods: We have performed 5 esophagectomies for esophageal cancers since April 2015, out of which 3 were situated in the lower third and the rest in the middle third of the esophagus. Taking into consideration the anatomical characteristics and the indications for each of these cases, we describe the 3 operative techniques and the different incisions that we can realize. We would highlight then, the interest of using the robotic approach, its advantages as well as its disadvantages. Next, we prepare lists of the materials used in each of these techniques. At the end, we present the role of the IBODE in each step of the robotic assisted procedure like: Patient care on arrival; patient positioning; preparation of the medical equipment; coordination of the pre-operative checklist; general and specific instrumentation in robotic surgery and; How to handle the robot itself?

Results: Of the 5 patients we operated: 1 patient developed an esophagopleural fistula of the postoperative 15th day. The case was treated by CT guided drainage and placement of an esophageal prosthesis; 2 patients developed cervical esophageal fistulas, these were resolved spontaneously at the post-operative 15th and 18th days and; 1 patient had an early right bronchoesophageal fistula. This was treatment performed surgically by a muscle flap. He was presented with the same complication at the post-operative 15th day and was treated surgical by a fascio-muscular flap. The complications drove us to study the cases meticulously in order to know the exact causes. All of the 5 patients are still alive at the post-operative 6th month. With regards to their life quality, the first 4 patients were pain-free one month after the operation. The results were generally acceptable.

Conclusion: Robotic-assisted surgery of the esophageal cancers could become one of the major tools in this type of surgeries. Meanwhile, the complexity of this surgery requires a great deal of experience in the domain of robotic surgery. There are, as well, many details that we need to consider in a precise manner.

Frederic.lourdaux@chu-rouen.fr