

Double colon resection—An ideal candidate for hand assisted laparoscopic surgery

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Introduction: Patients requiring bilateral segmental colectomy present unique challenges including dissection conducted in multiple quadrants, extraction of multiple specimens, and construction of two anastomosis. We propose that the HALS approach is useful to address these considerations while maintaining the benefits of a minimally invasive approach.

Methods: Medical records for 7 patients who had simultaneous right and left sided resections were reviewed. Incision length, port placement, details of mobilization and anastomosis, operative time, length of stay and complications are reported.

Results: 6 patients had bilateral colon resections. Indications included diverticulitis, adenomatous polyps, adenocarcinoma, and Crohn's disease. A seventh patient with Crohn's requiring ileal and sigmoid resection was included. All patients had a 6cm periumbilical incision for the handport, a 12mm right lower quadrant port and one to three 5mm ports. One patient with Crohn's required conversion to open surgery due to dense fibrotic inflammation. 6 patient's procedures were completed with the HAL approach. The right mobilization was followed by the left mobilization and anastomosis, and then an extracorporeal ileocolic anastomosis. Mean operative time was 158 minutes (99-205). All were discharged on post-operative day 3 or 4, and at first follow up were free of complications.

Conclusion: The HAL approach is technically feasible and useful in selected patients for bilateral colectomy. It offers the ability to mobilize in multiple quadrants, and construct separate anastomosis at distant sites in a reasonable timeframe, while maintaining the benefits of minimally invasive surgery. As with any minimally invasive approach, intra-operative findings may dictate the need to use an alternative approach.

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