Laparoscopic Skills workshop

23rd September 2020.

Prince of Wales Hospital.

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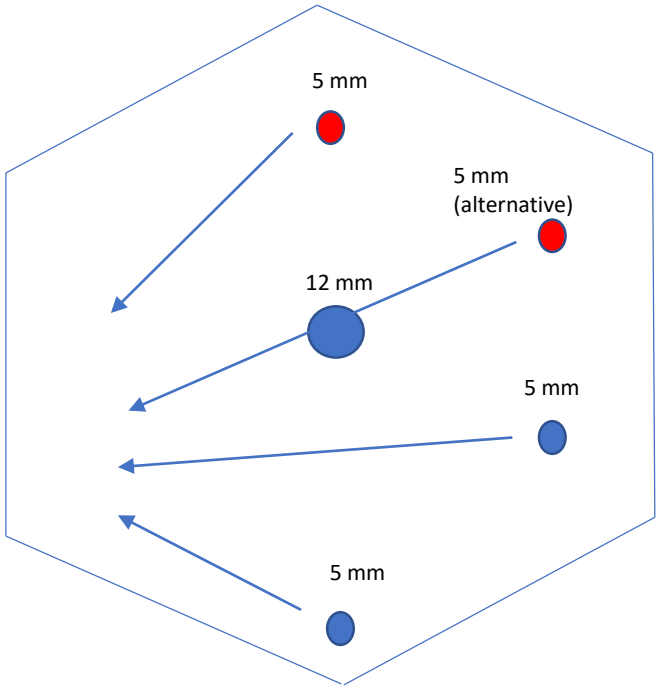
Today’s schedule

- Lap appendix
- Lap cholecystectomy.
- Steps & Tricks
- Hands experience on the trainers

Laparoscopic appendicectomy

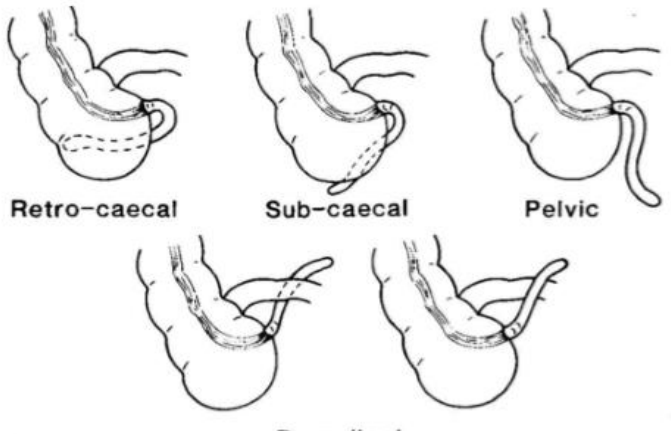
- Steps:
- IDC: put it in & take it out at the end. (argueable)
- Port placement
  - Where to place extra port if tricky
- Localise the appendix
- Take the mesoappendix*
- Skeletonize the appendiceal artery. Endoclip, divide.
- 3x endoloops, divide
- extract with endocatch

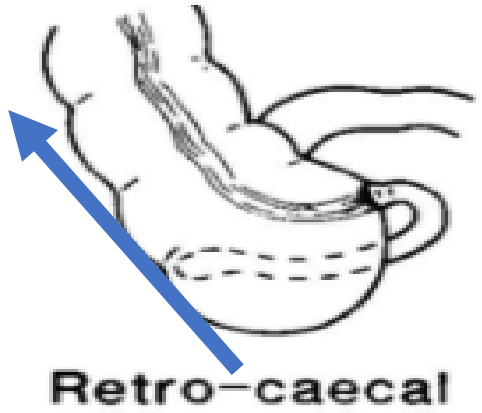
Laparoscopic appendicectomy- tip 1:



- Port placement:
- Suprapubic 5mm
- LIF 5mm
- *Extra: 5mm RUQ or epigastric
- Triangulate
- Obese pts: don’t put LIF too far laterally: won’t reach.
- Hook diathermy

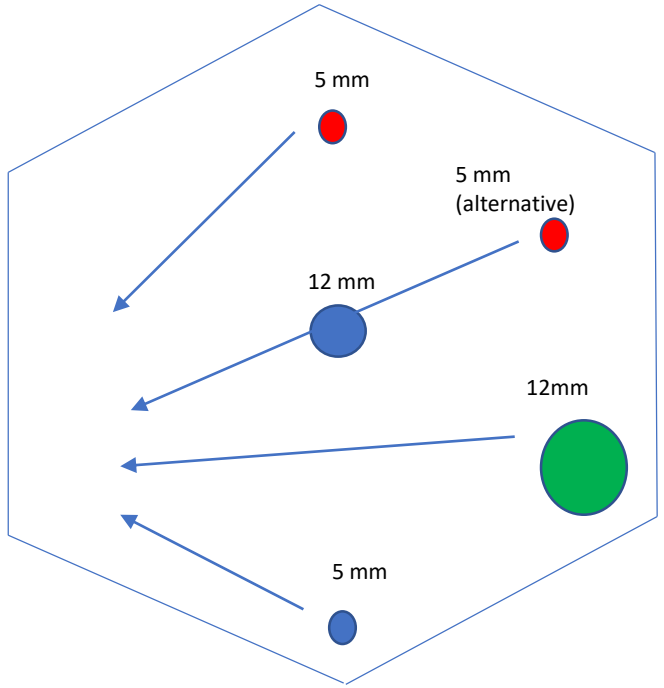
Laparoscopic appendicectomy- tip 2



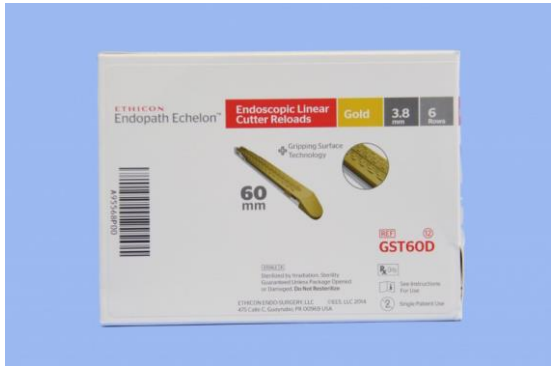


- Find the appendix.
- Follow the taenia.
- If retrocaecal, may need to mobilize caecum laterally

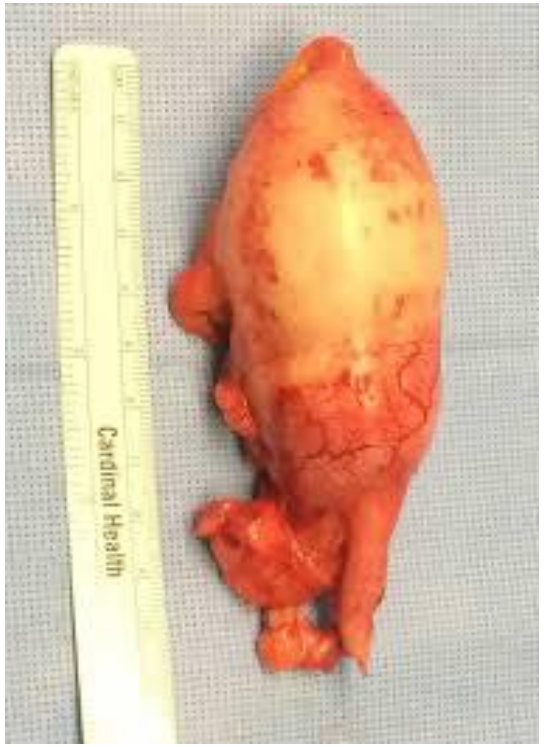
Laparoscopic appendicectomy- tip 3



- Base of appendix looks necrotic: staple off tip of caecum with appendix. (may need to mobilise caecum laterally)
- Change LIF port to 12mm port (purple)
- Then Eschelon 3.8mm 60mm stapler.



Lap appendicectomy- tip 4

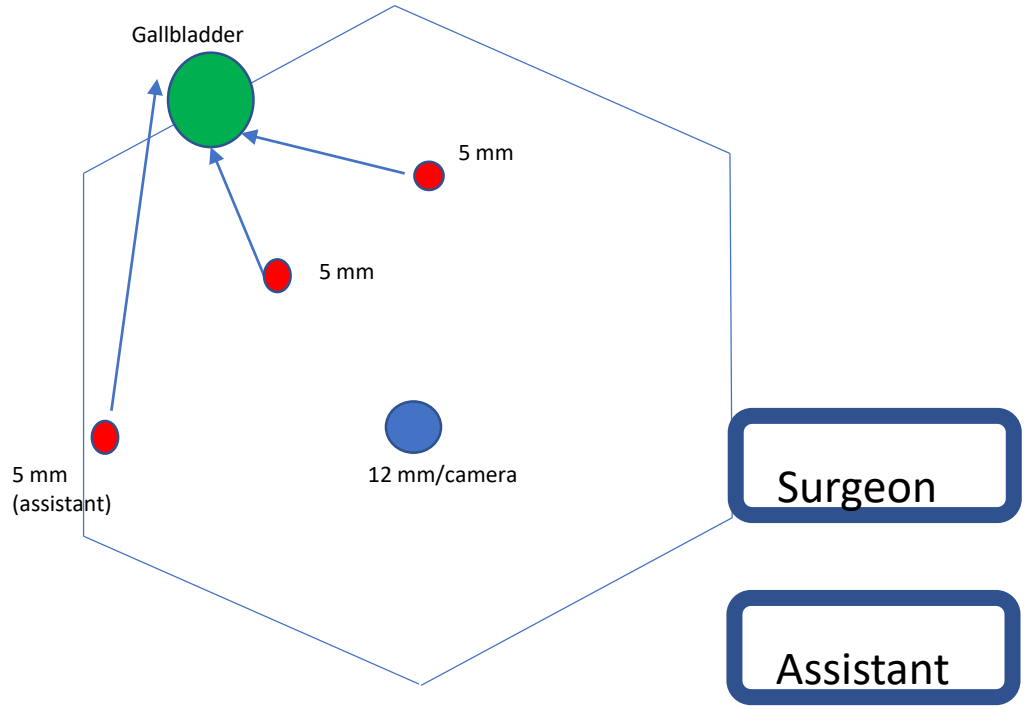


- Mucocele:
  - **<u>Essential</u>** not to perforate (risk of PMP).
  - Do the same safe lap appendicectomy
  - Make sure take the mesoappendix at same time.

Laparoscopic appendicectomy- tip 5

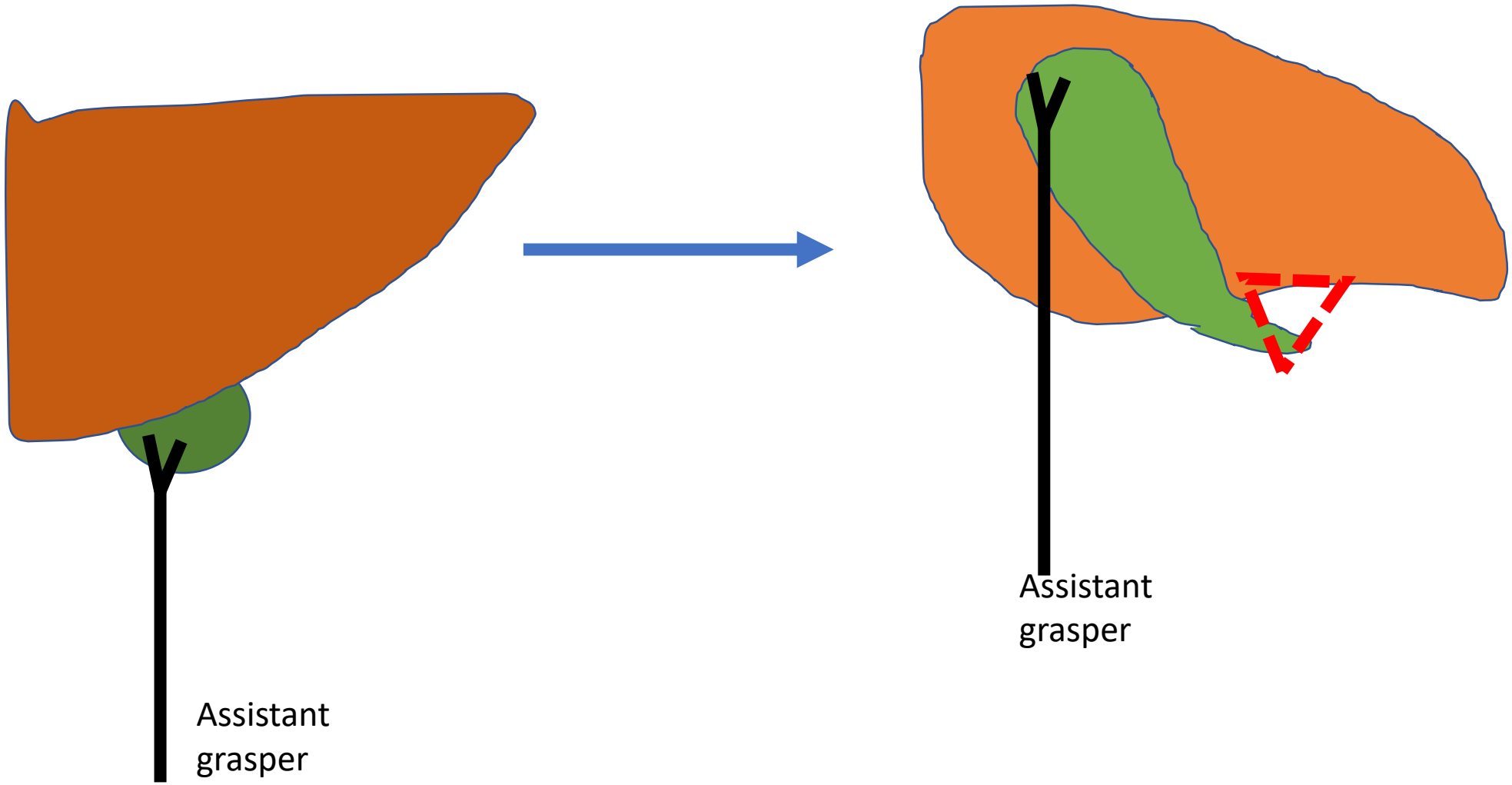
- Removing in endocatch.
- Remove through umbi port.
- Change to 5mm camera- LIF
- Use 12mm endocatch bag.
- Do not perforate.
- If too small, make cut a little bigger. Do not stretch (microfracture of fascia/linea alba→ incisional hernia).

Lap Chole- set up:

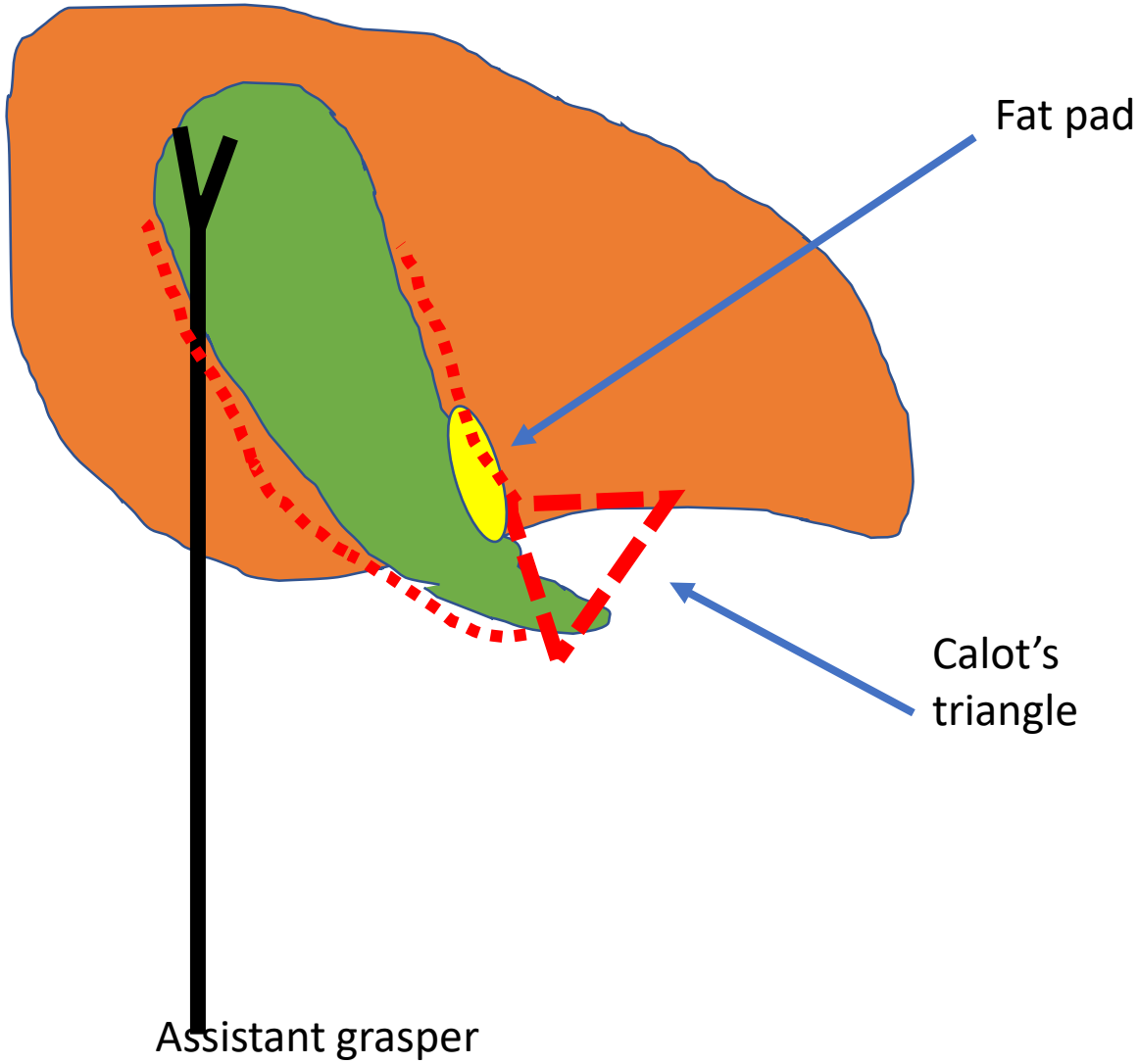


- Umbi 12mm camera/extraction port
- Epigastric 5mm/12mm port (right hand- diathermy)
- Right flank 5mm port: toothed grasper by assistant
- RUQ: 5mm port: grasper

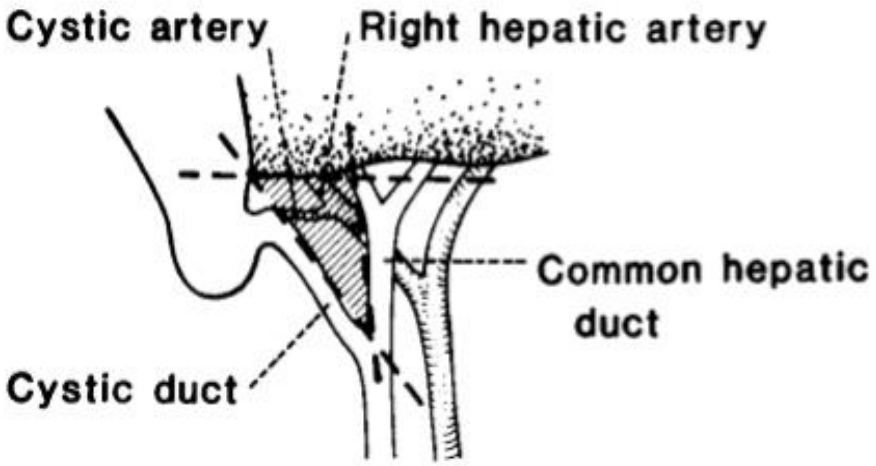
Lap cholecystectomy



Lap Cholecystectomy

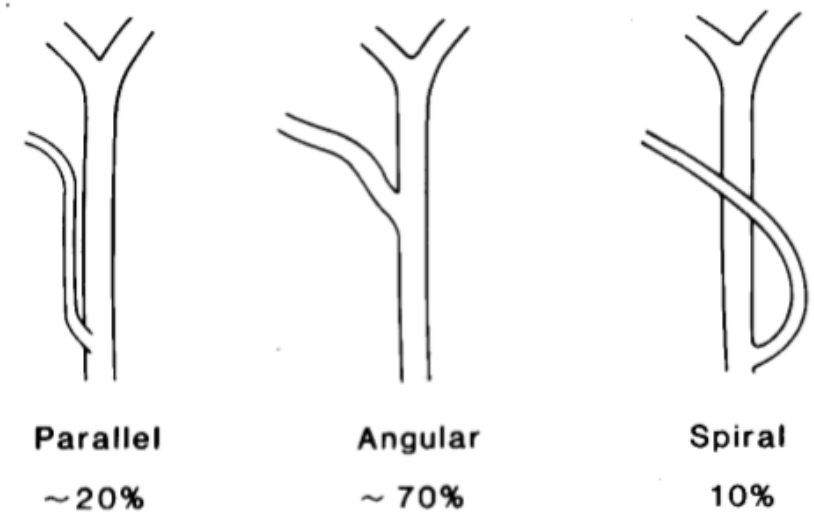


Lap Chole- Critical view of safety



- **Calot's triangle**
- **Boundary:**
  - Base (undersurface of liver),
  - Cystic duct
  - Common hepatic duct.
- **Content—**right hepatic artery, cystic artery, LN of Lund.
- TRIANGULATE !

Lap chole- tip: Be wary of anatomy!



- Cystic duct:
- The cystic duct can be 2-8cm (usually 2-4).
- Entry into the CHD can be **parallel** (20%), **angular** (70%), or **spiral** (enters left side of CHD – 10%).
- The cystic duct uncommonly joins the (R) hepatic duct.