LAPAROSCOPY – THE BASICS

POSITION

- Supine
  - Trendelenberg – access to lower abdomen & pelvis
  - Reverse Trendelberg - upper GI surgeries
  - Lithotomy - access to anus
- Lateral
- Prone
- **Pitfalls**
  - will they slip
  - risk of pressure injuries
  - neuropraxia

ACCESS

- Hassan
- Veress
- Cut down
- Visiport

- **Pitfalls** – injury to bowels or blood vessels
  - Don't shove a port in the IVC!!

PNEUMOPERITONEUM

- Pressure ideally should be set to 12mm Hg
  - However may use higher pressures in the context of SBO for example
- Low flow vs high flow
  - May use low flow if you not sure the port is through into abdominal cavity, will change to high flow when confirmed

- **Pitfalls** – pneumoperitoneum can induce bradycardia, hypotension & hypoventilation. If your anaesthetist is stressed, stop!

INSTRUMENT PORTS

- Ideally triangulate on your organ of interest
  - LIF & suprapubic for appendix
  - Subcostal arrangement for lap chole
- This takes practice
- Need to be flexible to avoid unexpected roadblocks ie adhesions etc

CLOSURE

- Reduce pneumoperitoneum first
- Close Fascia
  - Lift fascia away from underlying bowel
  - Visualise your needle
  - Figure eight vs interrupted, buried/non-buried

PARANOIA IS YOUR FRIEND

- Initially, the hardest part of operating is getting in & out safely
- Entry: Don't prang the bowel with the Harrison's, don't hit the IVC with the Hassan port
- Exit: Don't catch the bowel with your J stitch, don't catch the bowel when you tighten your suture, make sure you adequately close the fascial defect