

SINGLE INCISION TRANSUMBILICAL LAPAROSCOPIC BARIATRIC SURGERY (SIT-LBS)

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Background

Single-incision laparoscopic surgery (SILS) has been adopted to perform appendectomy, cholecystectomy and some bariatric surgeries. It is thought an alternative technology to natural orifice transluminal endoscopic surgery (NOTES). And if performed via umbilical incision, it would make the abdominal wound invisible, scar-less.

Aim

We developed the technique of single incision transumbilical laparoscopic bariatric surgery (SIT-LBS). But it meets some obstacles such as crowded trocars, making the surgical field limited and difficult in manipulation and limited numbers of instruments. Fatty liver change in morbid obese patients will further hinder the visualization of stomach. We developed a novel method for liver suspension without necessity of liver retractor.

Method

Since November 2008, we started to perform SIT-LBS in our hospital. The type of surgeries included one adjustable band, three sleeve gastrectomy and one Roux-en-Y gastric bypass. Preoperative data and postoperative recovery were all recorded and reported.

Results

Totally five cases received SIT-LBS. Age ranged from 18-53 years old. Mean BMI was 37.2 (36.0-39.7). Operation time ranged from 58 min to 170 min (mean: 96.2 min). There were no intra-operative complications. And all the patients did well and were discharged in 2 days postoperatively. Only one sleeve gastrectomy patient was admitted in for 2 days after 12 days postoperatively due to dehydration. These patients are all very satisfied with the results of umbilical wound.

Conclusion

We believe that SIT-LBS is a safe, technically feasible, and reproducible procedure. With the rapid development of flexible articulating instruments and endoscopes, this approach will become bariatric surgeons' preference in the near future.