Single Incision Laparoscopic Band Placement and Repair of Hiatal Hernia

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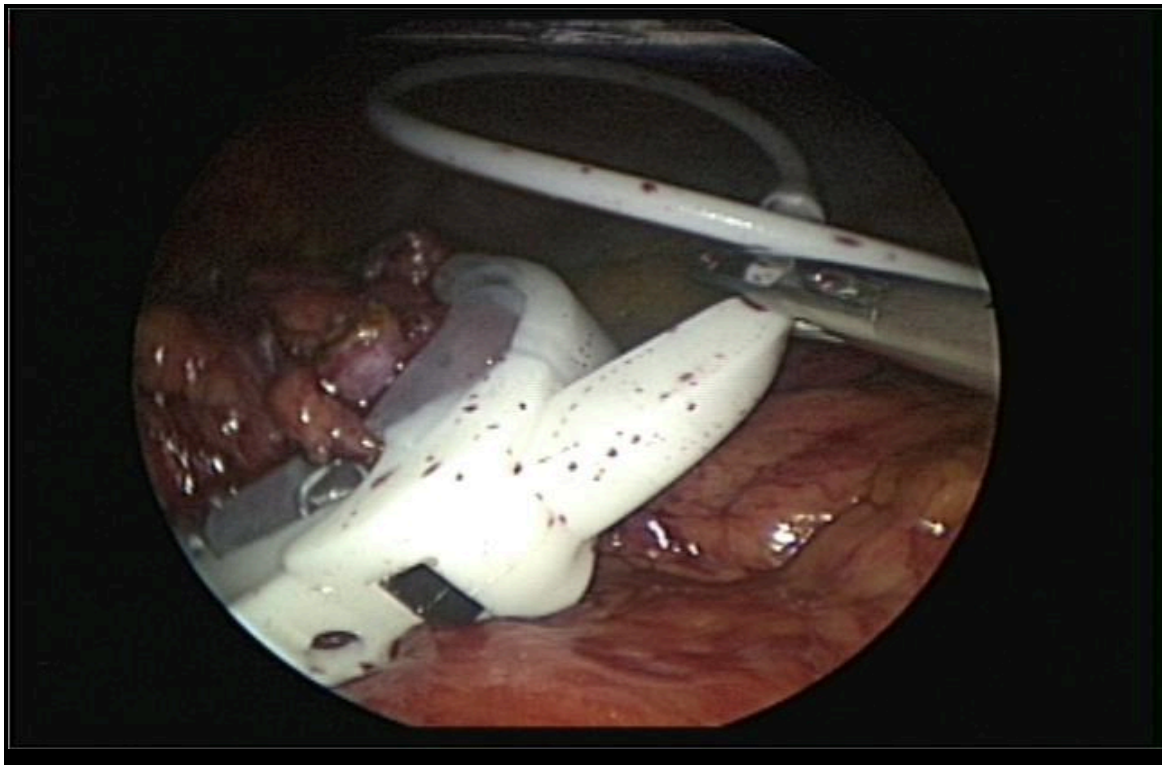
Procedural Video



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Indications

This particular patient's History:

- 60 year old female
- Morbid obesity
- Hypertension NOS

- Diaphragmatic hernia
- Esophageal reflux

Port Placement / Incision

A 4-centimeter incision is made in the right upper quadrant, a typical incision used for the port of a gastric band.

- Three 5-millimeter ports and one liver retractor is placed.
- This includes two working ports and one camera, which can be the typical laparoscopic 5-millimeter 30-degree scope.
- One of the 5-millimeter ports later is exchanged for 15 millimeter port to accommodate the band.
- The ports are placed in a diamond shape.

Operation

1. Dissect the lesser omentum as done in the laparoscopic gastric banding procedure

2. The angle of His is mobilized by dividing the attachment of the fundus of the stomach to the crus of the diaphragm.

3. Bluntly dissect retrogastric tunnel to the angle of His as previously dissected.

- RealHand Novare instrument allows the instruments to stay out of each other\'s ways. Continue the retrogastric slash retroesophageal dissection until the instrument can be seen at the other side at the angle of His.
- The hiatal defect is now delineated and the GE junction is well below the diaphragm.
- Now, a clear tunnel can be seen through the other side and the spleen can be seen through that window.

4. During the dissection, the anterior and posterior vagi are identified and preserved.

5. With the dissection complete, use the Endostitch to close the crus and the hiatal defect.

- This is done using a two figure-of-8 Dacron stitches. The two stitches are placed posteriorly and one is placed anteriorly.
- The hiatal defect is now adequately closed and the band can be placed within the peritoneum after trading out one of the 5-millimeter trocars to a 15-millimeter trocar.
- The tube is locked in place and the band can be sutured to the fundus in the anterior wall of the stomach.

6. Bring the fundus over to the top of the band and suture it to the anterior wall of the stomach and placate it using the Endostitch.

- This is done in a running suture until the tube is snug and fixed to the stomach wall.

7. Once the suturing is completed, bring out the tubing through the 15-millimeter port site to the anterior wall of the abdomen.

8. Take down the liver retractor, connect tubing to the port and remove the trocars.

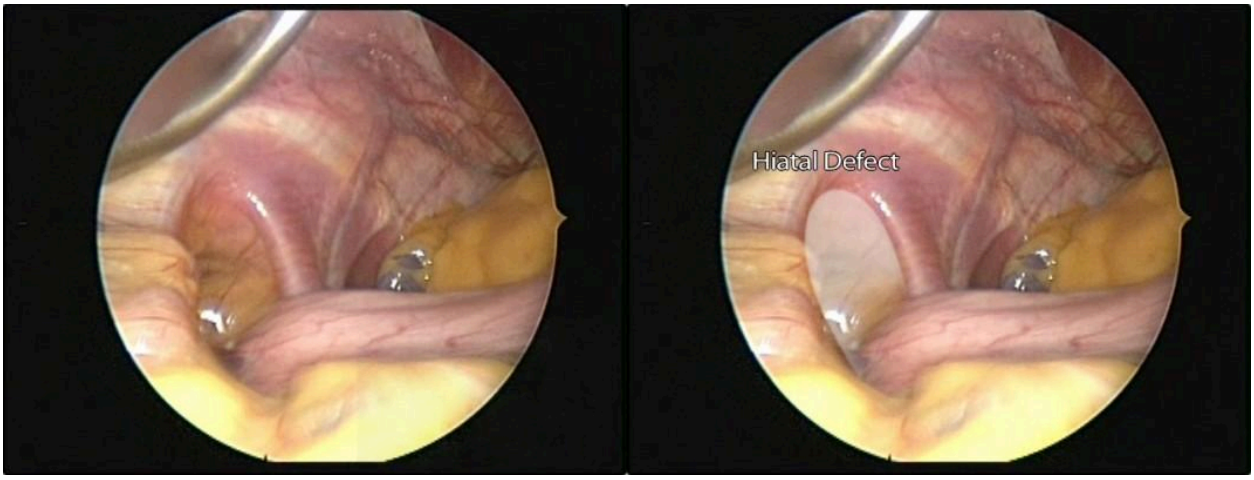
9. Once the ports are removed the fascia is inspected for integrity. Only the 15-millimeter port fascial defect requires closure.

Pearls

- As with many minimally invasive procedures, patient selection is crucial for the success of the operation.

- In this patient a two figure-of-8 stitches were placed to close the fascia and the skin was closed in the usual fashion.

Hiatal Defect



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