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SURGICAL TECHNIQUE

Hybrid transvaginal NOTES cholecystectomy



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KEYWORDS

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Hybrid procedure;
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surgery;
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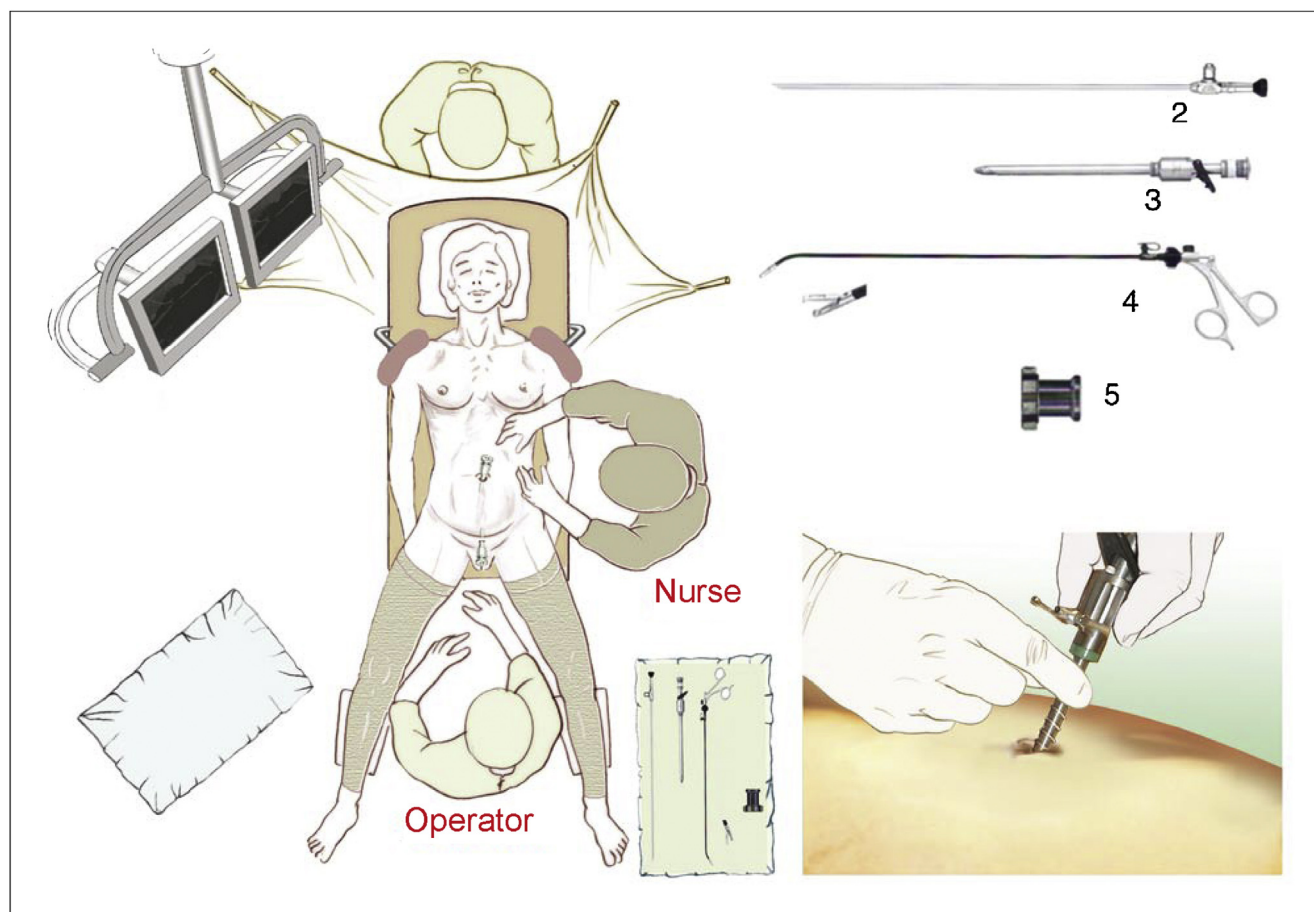
Introduction

In order to decrease the parietal trauma associated with surgery, Natural Orifice Transluminal Endoscopic Surgery (NOTES) was developed over the last decade. Since 2004, a variety of complex procedures have been described using flexible endoscopes introduced through transgastric, transcolic, transvesical, or transvaginal routes [1,2]. In 2011, the results of a hybrid technique for cholecystectomy using a minimal umbilical approach combined with a transvaginal approach were reported [3,4]. The rate of post-operative complications and the duration of hospitalization were comparable to classical laparoscopic cholecystectomy; only operative time was increased using the transvaginal approach.

The goal of this study is to describe the technique of NOTES hybrid cholecystectomy.

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1 Patient positioning and trocar placement

The patient is positioned supine with both arms beside the body and the legs spread in leg holders with the thighs moderately flexed. Supports are placed above each shoulder. The surgeon stands between the legs with the assistant on the patient's left side.

Instrumentation for this procedure includes:

- a 42 cm long 45° telescope (2);
- a blunt-tipped 15 cm long 10 mm trocar that will be placed transvaginally (3);
- a 47 cm long curved grasping forceps (4);
- an optical adaptor (camera) (5).

The 5 mm diameter trocar is introduced at the umbilicus end.

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