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Avoiding Complications in Gynaecological minimal access surgery – Multiple Choice Answers for Vol. 36

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1. a) T b) F c) F d) F e) F

Option (a) is the only true answer. This data was published by Professor Charles Chapron in a series of more than 29,000 surgeries.

2. a) F b) F c) T d) F e) F

On average, Palmer's point is located 10 cm distance from the aorta, making it a good option to initiate pneumoperitoneum, especially in patients with previous midline incisions. This technique also allows the introduction of a 5mm camera in the LUQ (left upper quadrant) for intra-abdominal inspection and for safe entry of the remaining trocars, such as the umbilical trocar.

3. a) T b) F c) T d) F e) F

In a prospective observational study, Teoh et al (2005) evaluated all described tests (the double click, aspiration, hanging drop, and initial gas pressures measures), in 345 patients that underwent laparoscopic blind entry. Only initial gas pressures less than 10mmHg have a diagnostic value of adequate placement of the Veress needle.

4. a) T b) T c) F d) T e) T

Clearly laparoscopy can be used anatomically for all procedures except inguinal lymphadenectomy which has to be approached openly.

5. a) T b) T c) T d) T e) F

Laparoscopy has similar complication rates when compared to open surgery for all parameters except blood loss where it has been shown to reduce intra-operative blood loss.

6. a) T b) T c) F d) T e) T

All options except (c) improve the view and increase safety. Slow motion replay by definition is a post hoc review that can only be used for training subsequently, but cannot help at the time.

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7. a) T b) T c) T d) F e) T

Rectal atony has not been reported following radical laparoscopic hysterectomy whereas all of the others have.

8. a) F b) F c) F d) T e) T

Veress needles should be avoided In situations where periumbilical adhesions are suspected, such as patients with previous surgeries with midline abdominal incisions. In these situations we may use the open technique (Hasson) or change to an alternate location (Palmer's point). Bowel sutures should be done longitudinally in a manner so as not to reduce the bowel lumen. There is no evidence that mechanical bowel preparation should be done systematically. Some patients when exposed to antibiotics may develop C. difficile-associated disease (CDAD) ranging from mild watery diarrhea to life-threatening, transmural pan-colitis. There is evidence that prophylactic antibiotics in colorectal surgery may reduce surgical site infections.

9. a) F b) T c) T d) F e) F

Pregnancy rates are good after the shaving technique (above 50%). Segmental resection is associated with pregnancy rates of 40%. The double circular stapler (DCS) technique allows excision of larger nodules (up to 5cm) when compared with the traditional use of a single circular stapler. There are less early and late complications compared with segmental resection. Mobilization of the splenic flexure may be needed to reduce tension in the anastomosis and reduce dehiscence. Anastomotic stenosis may occur in up to 30% of cases and the use of a larger diameter circular stapler (33mm or 34mm) on colorectal anastomosis minimizes the risk of stenosis. Segmental resection is associated with earlier (dehiscence) and late complications (nerve damage) compared with conservative surgery.

10. a) F b) F c) T d) F e) T

The use of drains after colorectal surgery is controversial. Many randomized studies have demonstrated no advantages with their use. Anastomotic integrity could be checked during surgery by injecting air or liquid (usually methylene blue) into the rectum under pressure in a fluid-filled abdomen while the bowel is occluded proximal to the anastomosis. Air or contrast leak indicates inadequate anastomosis. Anastomoses lower than 5cm from the anal verge are at a high risk of dehiscence and ileostomy is an option to minimize this serious complication. Ileostomy is associated with less overall complications than colostomy in meta-analysis studies. Long procedures with the need for blood transfusion are associated with more bowel complications.

11. a) F b) T c) F d) T e) T

Although there are some benefits in supplemental oxygen in animals it is still a controversial issue in humans. Perioperative fluid restriction is associated with less anastomotic complications. Unfortunately the accuracy of imaging tests are not very good for detecting early anastomotic dehiscence. C-reactive protein rise, especially in the 4th postoperative day has a good predictive value for bowel complications. There is some evidences that fast track protocols after surgery are associated with a shorter hospital stay and less morbidity.

12. a) T b) F c) T d) F e) F

The expenditures for health care in Switzerland were rising from 8.8 % of the gross domestic product (GPD) in 1995 up to 10.9 % of the GDP in 2013. In the USA mean in-hospital costs of all patients without complications was US$ 27,946. The occurrence of Clavien-Dindo grade I complications creates significant additional costs of US$ 2793 per person. Costs for health care in Switzerland in 2013 were