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Letters to the Editor – Brief Communications

Port-site closure technique using a wound retractor after a transumbilical, single-incision laparoscopy for an adnexal mass: A retrospective wound review

**Running Title:** Port-site closure technique

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Dear Editor,

Because transumbilical, single-incision laparoscopy can conceal postoperative wound scars in the umbilicus, the cosmetic effect may be superior to conventional laparoscopy. Herein, we describe our port-closure technique following transumbilical, single-incision laparoscopy and detail postoperative wound outcomes.

An XS Alexis® wound retractor (Applied Medical, Rancho Santa Margarita, CA, USA) was placed into the umbilical incision. Three trocars were inserted into separate fingers of a surgical glove and secured with rubber bands [1-2]. The wrist portion of the glove covered the wound retractor. After the surgical procedure, the surgical glove was removed. The skin edge in the upper portion of the umbilical port wound was retracted with a Miller-Senn retractor (Cardinal Health, Dublin, OH, USA) to expose the fascia and cut edges in the peritoneum. Kelly forceps were then used to grasp the fascia and peritoneal cut edges as the wound retractor was pulled in a counter-upward direction (Figure 1-A). Then, while pulling the Kelly forceps, the exposed fascia and peritoneal edges were sutured with Polysorb® 2-0 sutures (Covidien, MA, USA) (Figure 1-B) such that the suture material was aligned with a straight hemostat (Figure 1-C). The lower portion of the umbilical wound was then sutured, and the suture material was also aligned with a straight hemostat in the same manner (Figure 1-D). After the wound retractor was removed, the aligned suture materials were ligated, lifting the abdominal wall through traction of the suture material from the other section. As a result, the internal organs were prevented from being

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