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SURGICAL TECHNIQUE

## Laparoscopic appendectomy



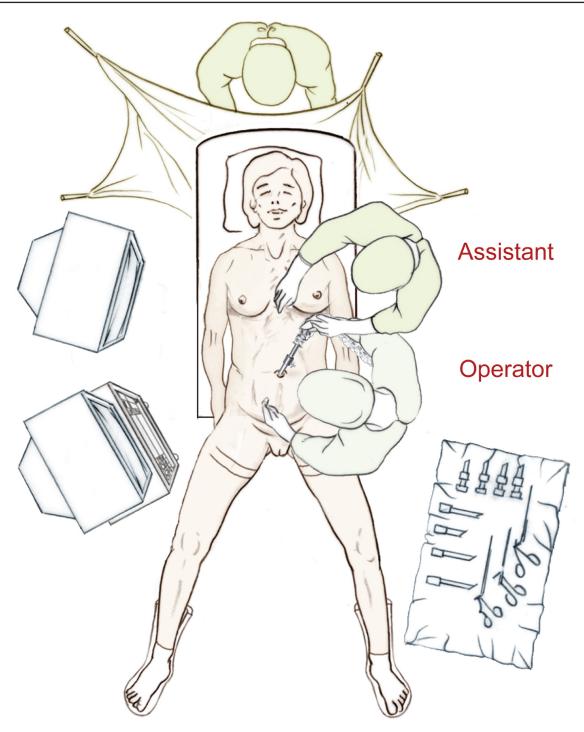
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Available online 24 April 2014

Although the number of appendectomies performed per year has decreased significantly over the last few years, this procedure is still one of the most frequently performed operations in gastro-intestinal surgery. Traditionally performed via the muscle-splitting incision described by (and named after) MacBurney, appendectomy is more often performed laparoscopically today; several trials and meta-analyses have shown decreased pain, less parietal morbidity, shorter hospital stay, quicker return to normal activities, and better cosmesis via this approach [1,2]. Since appendectomy is also one of the first operations performed by the "novice surgeon" in his or her learning curve of surgery [3], it requires a standardized and reproducible surgical technique as an initial rite of passage before allowing young surgeons to deal with more difficult situations (generalized peritonitis, abscess). We present here the operative steps for appendectomy in uncomplicated appendicitis, as well as some variations currently under evaluation.

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### Patient position

The patient is positioned supine, with both arms tucked at the sides and the lower limbs spread apart to allow uterine manipulation if needed in the female. The surgeon stands to the patient's left with the assistant to the right of the surgeon. Pneumoperitoneum is usually performed with the Veress needle inserted into the left hypochondrium according to the recommendations of learned societies, however an open approach is preferred if the patient has undergone previous laparotomy.

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