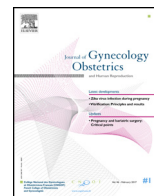




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## Technical Note

# How to perform a suture with a 5-mm trocar by laparoscopy?

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## ABSTRACT

During laparoscopy using only 5 mm trocars, it may sometimes be necessary to perform a suture, which usually requires the use of a 10 mm or 12 mm trocar with a reducer. Thus, the 5-mm trocar has to be replaced by a larger diameter device. In order to avoid the trocar change in these situations, a trick that is easily realizable for performing one or more stitches is described. This technique can be used in various surgical specialties, whether it is gynecological, digestive or urological surgery.

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## Introduction

During laparoscopy using only 5 mm trocars, it may sometimes be necessary to perform a suture, which usually requires the use of a 10 mm or 12 mm trocar with a reducer. Thus, the 5-mm trocar has to be replaced by a larger diameter device. In order to avoid the trocar change in these situations, we make use of a trick that is easily realizable for performing one or more stitches and which can be used in various surgical specialties, whether it is gynecological, digestive or urological surgery especially. We have, for example, recourse to this technique to suture the vagina during a hysterectomy, or, less frequently, to shorten the utero-ovarian ligament by plication after ovarian torsion (oophoropexy) or to suture the ovarian cortex after a cystectomy.

This technique helps to improve the surgical outcome. The reduced size of surgical incisions decreases scar-related pain (although the infiltration of local anesthetics has considerably improved its management) and is likely to optimize outpatient surgery. Moreover, it allows the reduction of postoperative complications such as trocar-sites hernias (incisional hernias) that are more frequently associated with trocars with a diameter

greater than 5 mm, the use of which requires the aponeurotic closure [1,2,3].

## Surgical technique

The 5 mm suprapubic operator trocar is removed under direct visualization to prevent unintended injuries and to ensure there is no visceral herniation. A needle holder that will pull a 2/0-gauge suture (or 0 or 1), single strand or braided, with a curved 26 mm length needle is introduced in the trocar, which is used without its

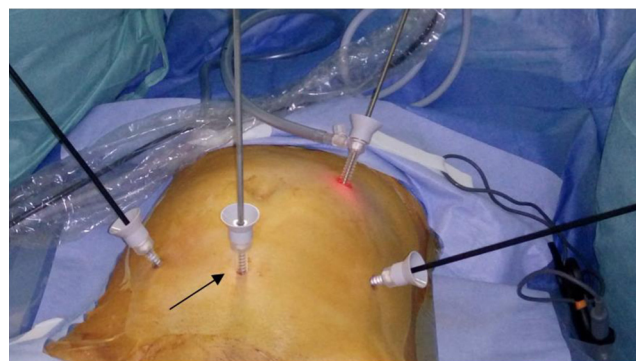
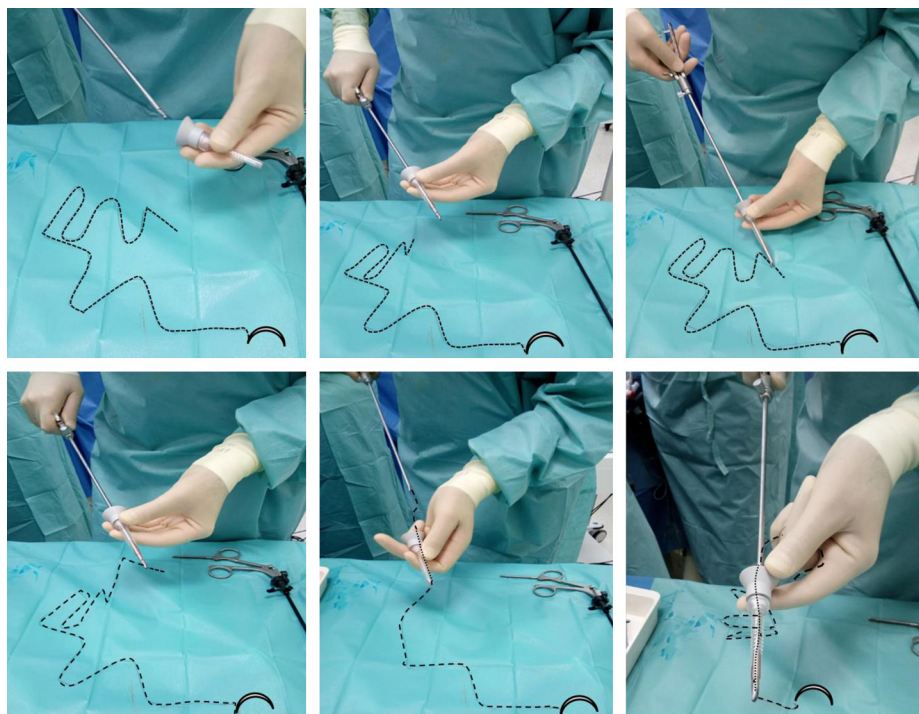


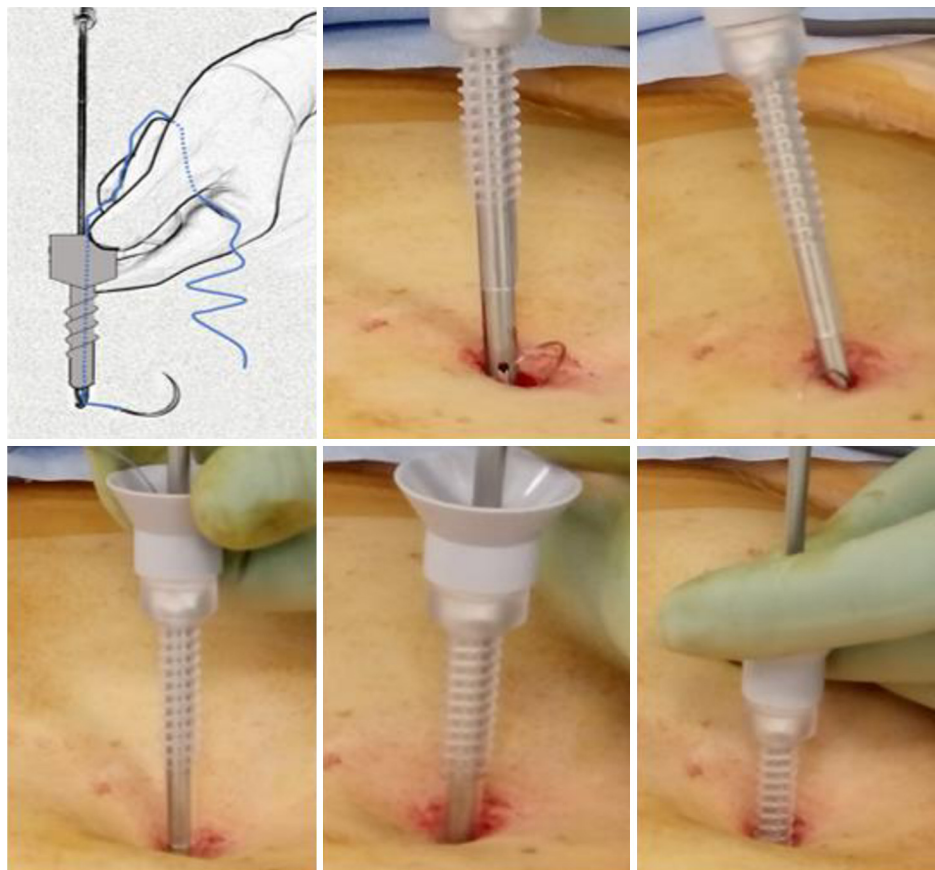
Fig. 1. Removal of the 5-mm suprapubic trocar (arrow).

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**Fig. 2.** Procedure for loading the wire. Note that the contours of the wire and the needle have been “highlighted” to optimize the visibility.



**Fig. 3.** Reintroduction of the trocar containing the needle holder loaded with the suture wire.

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