Laparoscopic Splenectomy

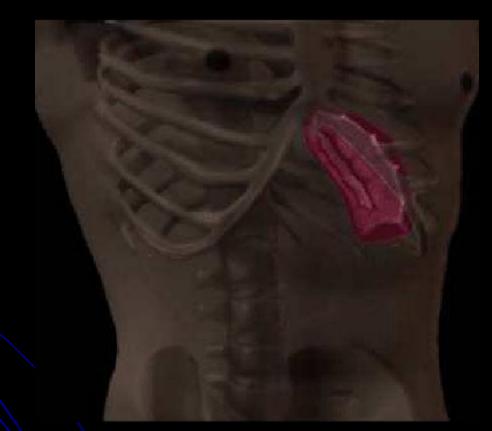


R. K. Mishra





Anatomy

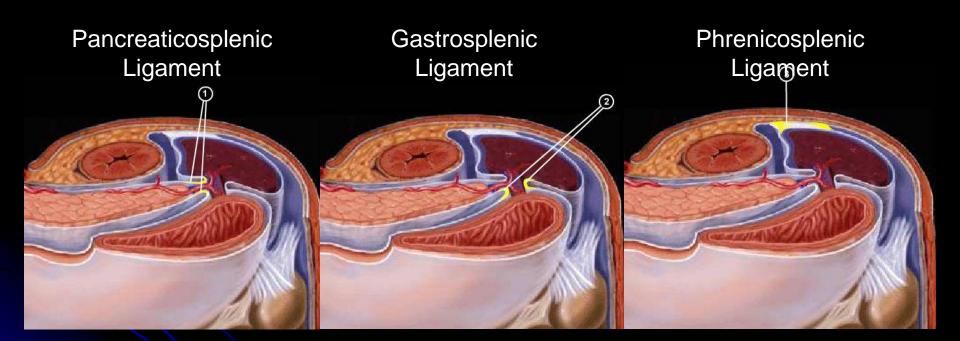




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Ligaments





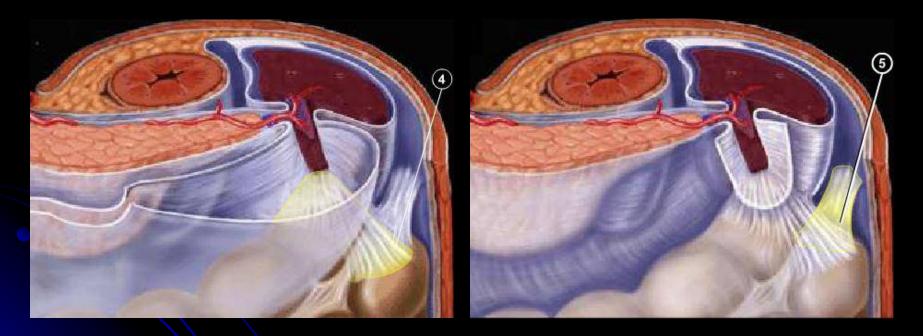
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Ligaments

Splenocolic Ligament

Phrenicocolic Ligament





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Case Selection

Indications

- idiopathic thrombocytopenic purpura (ITP)
- autoimmune hemolytic anemia;
- microspherocytosis;
- benign tumors and cysts;
- AIDS-related thrombocytopenia.

Relative contraindications

- hematological malignancies;
- moderate splenomegaly.

Absolute contraindications

- massive splenomegaly;
- portal hypertension.





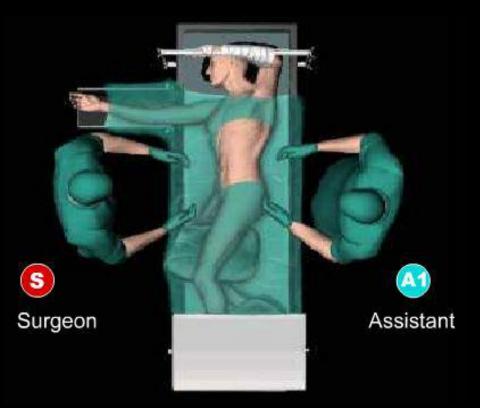
Operating Room Set-up

PATIENT POSITION Supine - Semi right Lateral

SURGEON POSITION To the right of the patient

NURSE POSITION To the right of the patient [next to the surgeon].

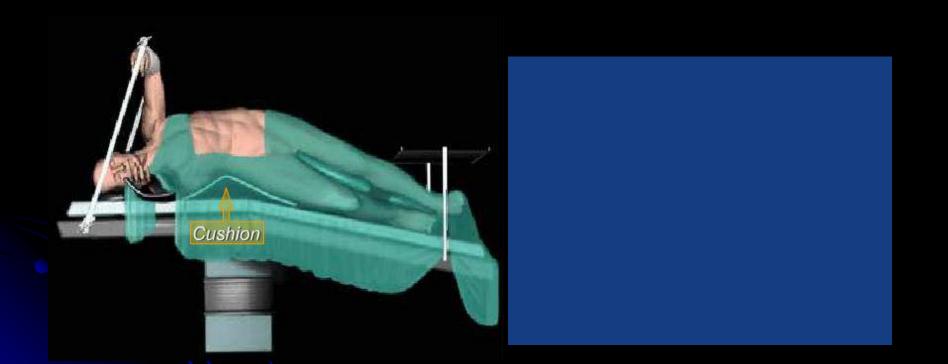
MONITORS 1 - On the left side of the patient







Patient Position





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Access

Access Through Left Hypochondrium





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Optical Port



0



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Ports

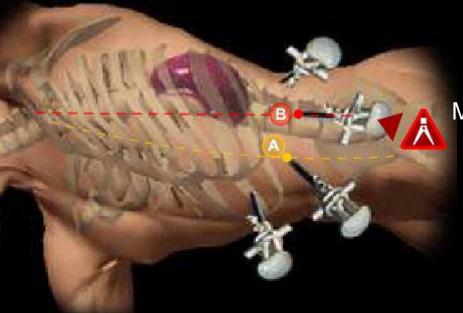




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Right Hand Port



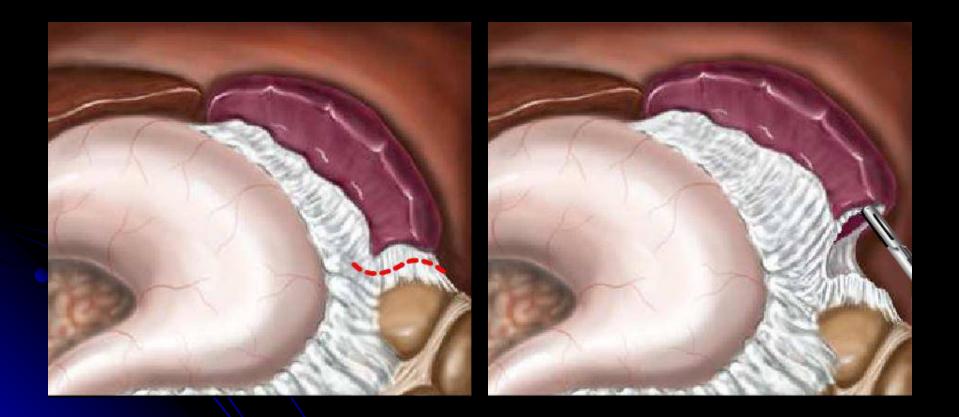
Mid Axillary Line



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Freeing of Adhesion

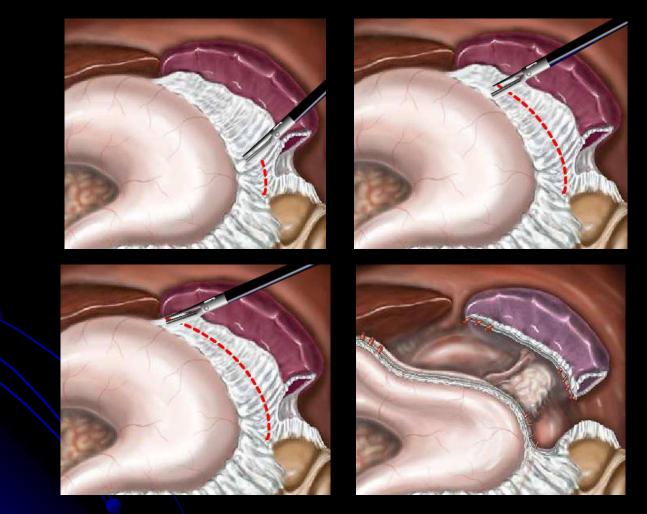




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Dissection

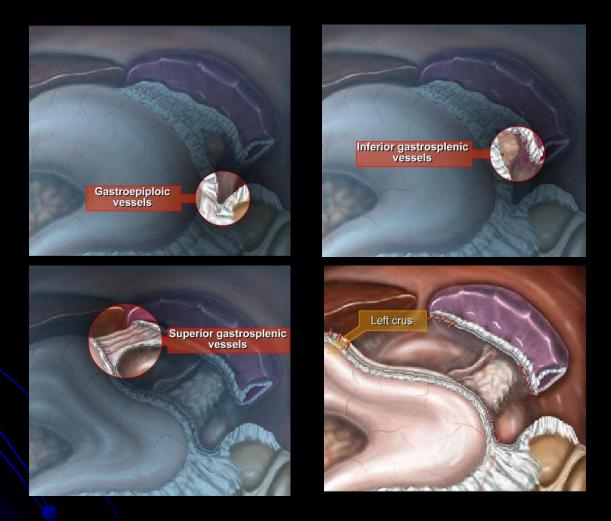




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Dissection

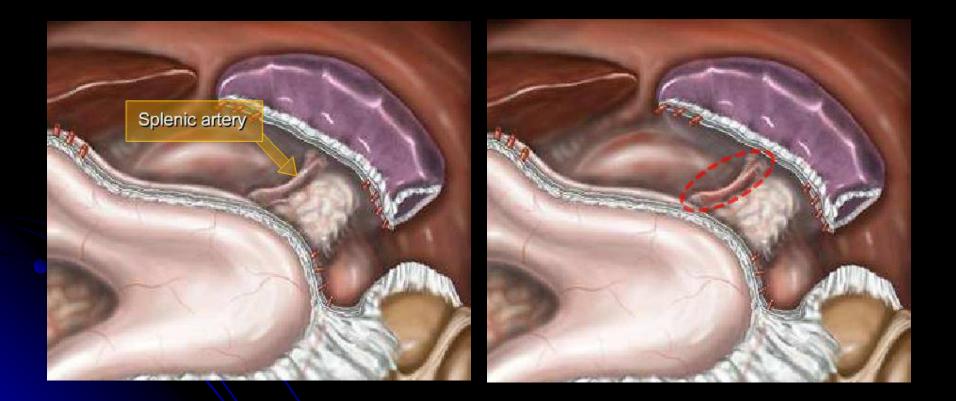




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Dissection





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Dissection of Ligaments

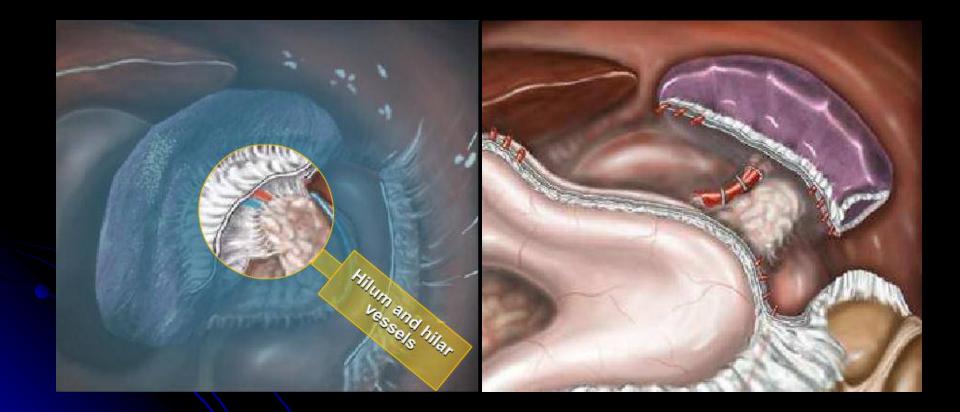




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Dissection of Hilum

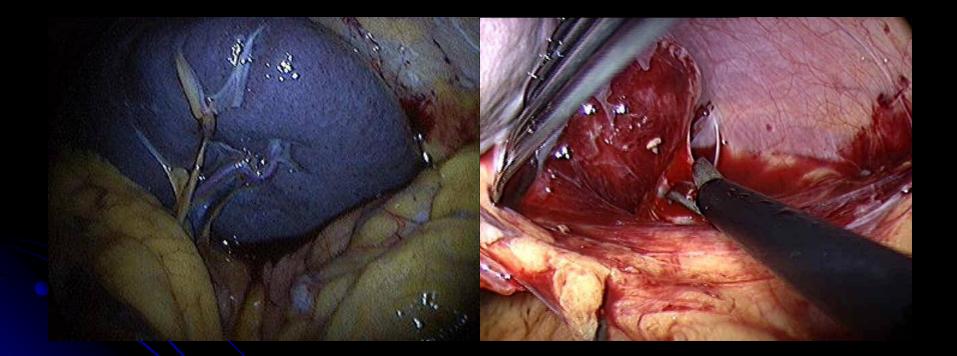




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Dissection of Hilum

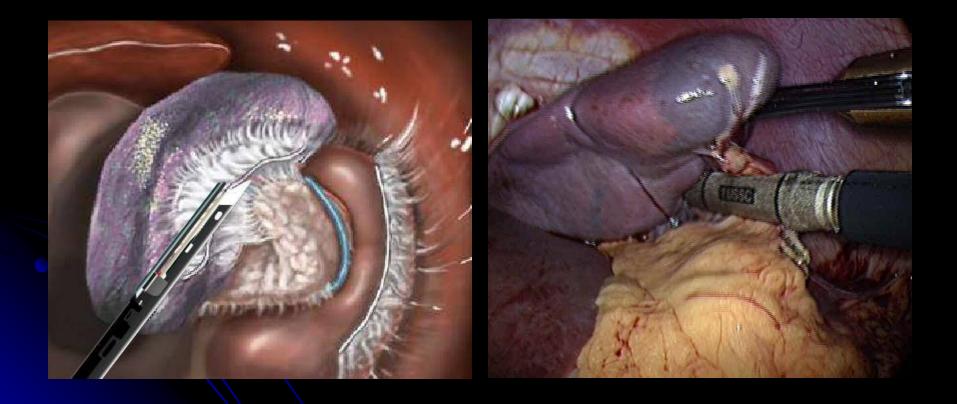




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Dissection by Linear Stapler





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Stapler Dissection for Hilum

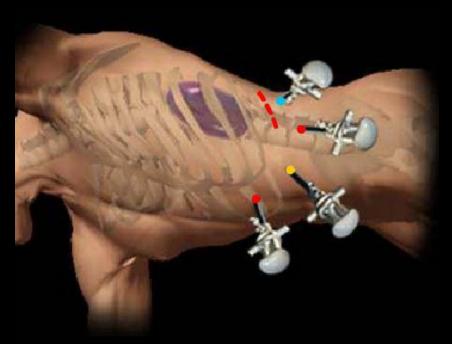




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Introduction of Bag

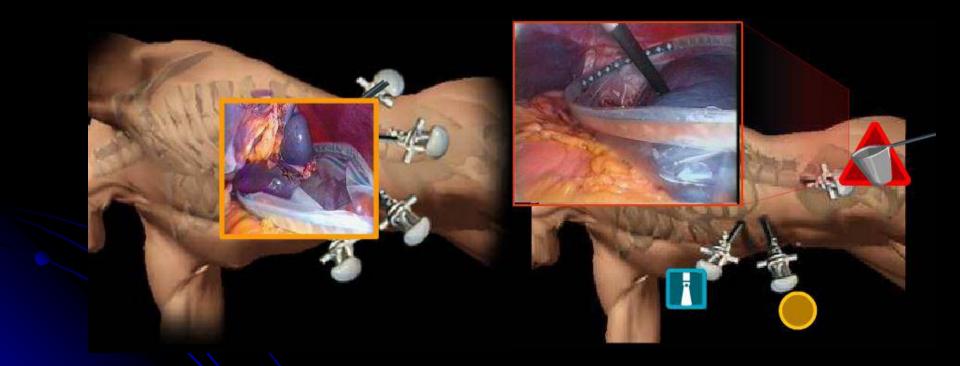




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Retrieval

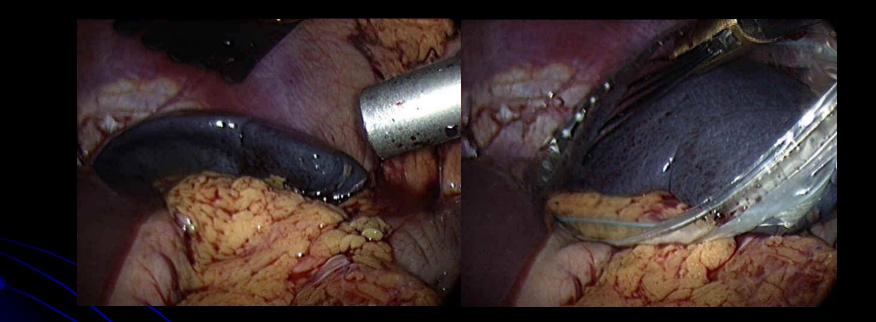




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Extraction of Spleen





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Extraction of Spleen

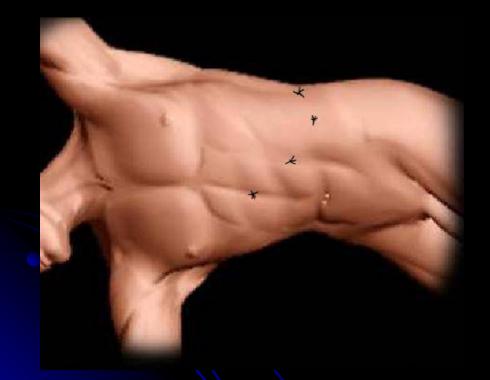




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Closure of Port







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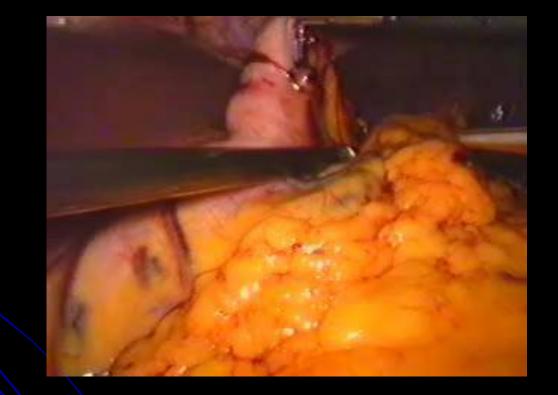
Splenectomy by Tripolar



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Splenectomy using Suture





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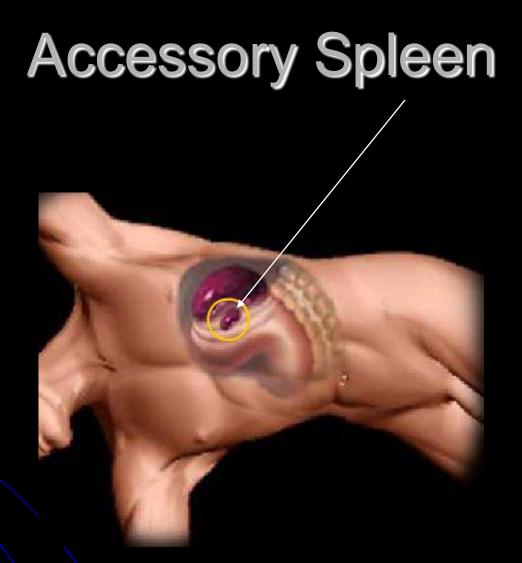
Lateral Approach





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Complications of Lap Splenectomy

- Intraoperative bleeding
- Postsplenectomy
- Sepsis
- Wound/port site infection
- Pancreatic injury.
- Most of the complications are technique related.





Thank You





Prof. Mishra with his students



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