Laparoscopic Splenectomy

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Anatomy
Ligaments

Pancreaticosplenic Ligament

Gastroplenic Ligament

Phrenicosplenic Ligament
Ligaments

Splenocolic Ligament

Phrenicocolic Ligament
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
Access

Access Through Left Hypochondrium
Optical Port

Mid Clavicular Line
Ports
Right Hand Port

Mid Axillary Line
Freeing of Adhesion
Dissection
Dissection
Dissection

Splenic artery
Dissection of Ligaments
Dissection of Hilum
Dissection of Hilum
Dissection by Linear Stapler
Stapler Dissection for Hilum
Introduction of Bag
Retrieval
Extraction of Spleen
Extraction of Spleen
Closure of Port
Splenectomy by Tripolar
Splenectomy using Suture
Lateral Approach
Accessory Spleen
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