Laparoscopic Splenectomy

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Anatomy
Ligaments

1. Pancreaticosplenic Ligament
2. Gastroplenic Ligament
3. Phrenicosplenic Ligament
Ligaments

Splenicocolic 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

- Gastroepiploic vessels
- Superior gastroepiploic vessels
- Inferior gastroepiploic vessels
- Left crus
Dissection

Splenic artery
Dissection of Ligaments

[Image of dissection process]
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

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Essentials of Laparoscopic Surgery
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