Suprapubic single-incision laparoscopic splenic flexure resection with handsewn intracorporeal anastomosis – a video vignette

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Dear Sir,

In the last decade single-incision laparoscopy took interest and colorectal surgery can be performed through the suprapubic access, reducing the risk of incisional hernia, the postoperative pain and increasing the cosmetic outcomes [1,2].

The authors report a 30-year-old woman who presented with episodes of diverticulitis due to segmental diverticulosis of the splenic flexure. The patient was scheduled for a suprapubic single-incision laparoscopic splenic flexure resection.

A right suprapubic incision was made and three reusable abdominal trocars were inserted. Curved reusable instruments according to DAPRI (Karl Storz - Endoskope, Tuttingen, Germany) were utilized, apart from a 10-mm, 30° regular length scope. Mobilization of the left and transverse mesocolon was performed. After the splenic flexure was completely freed from the attachments, the transverse and left colon were divided by an articulating linear stapler, introduced under the control of a 5-mm, 30° long scope. An intracorporeal end-to-end transverse–sigmoid anastomosis was performed using two-layered continuous sutures (Fig. 1). The mesocolic defect was closed. The specimen was removed through the single access and the final scar measured 4 cm.

Laparoscopic time was 165 min and time to perform anastomosis was 60 min. Intra-operative blood loss was 10 ml. The patient was discharged on the fourth postoperative day, and at follow-up visit the symptoms had resolved.

Single-incision laparoscopic splenic flexure resection can be safely performed using suprapubic access, which enhances the cosmetic outcome in addition to having the advantages of minimally invasive surgery. Laparoscopic intracorporeal anastomosis is essential and can be performed by a handsewn method.

Disclosure statement

G. Dapri is consultant for Karl Storz-Endoskope, Tuttingen, Germany. The other authors have no conflict of interest or financial ties to disclose.

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Supporting Information
The video may be found in the online version of this article and also on the Colorectal Disease Journal YouTube and Vimeo channels.

Video S1. https://www.youtube.com/watch?v=no1I0E33ncA.