STANDARD RIGHT SIDE APPROACHWITH RIGHT SIDE APPROACH IN LAPAROSCOPIC NISSEN FUNDOPLICATION FOR GERD PATIENTS

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INTRODUCTION

Laparoscopic techniques in anti-reflux surgery for GERD patients are still considered slightly complicated. We have established a simple anti-reflux surgery procedure with right side approach contributing to less bleeding and less operative time.

SURGICAL PROCEDURE

Setting

Our 5-trocar setting with patients in the reverse Trendelenburg's position is as follows: 12 mm trocar just below the navel (A), 5 mm trocar at the upper right abdomen for pulling up the liver, 5 mm trocar at upper right, 12 mm trocar at upper left (B), 5 mm trocar at middle left (C).

Step 1 Right Side Approach

Left part of the lesser omentum was cut with preserving the hepatic branch of vagus nerve. The right crus of the diaphragma has been dissected free from the soft tissue around the stomach and abdominal esophagus. In this step the fascia of the right crus should be preserved and the soft tissue should not been damaged to avoid unnecessary bleeding. After cutting the peritoneum just inside the right crus, the soft tissue was dissected bluntly to left side. Then the inside and outside margins of the left crus of the diaphragma were recognized from the right side. The laparoscope uses trocar (A), the assistant uses trocar (B) to pull the stomach and the operator's right hand uses trocar (C).

Step 2 Flap Preparation

The branches of left gastroepiploic vessels and the short gastric vessels were divided. The left crus of the diaphragma was exposed and the window at the posterior side of the abdominal esophagus was shown and widely opened. The laparoscope uses trocar (A) at the beginning of dividing left gastroepiploic vessels, trocar (B) when dividing short gastric vessels.

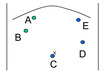
Step 3 Suturing

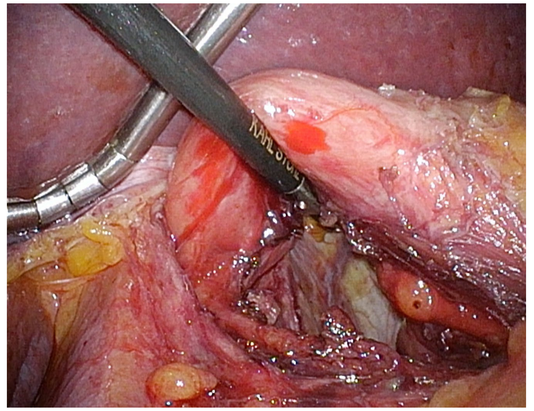
The right and left crus are sutured with interrupted stitches to reduce the hiatus. From the right side, the fundus of the stomach is grasped through the window behind the abdominal esophagus. Then the fundus of the stomach is pulled to obtain a 360 degree "stomach-wrap" around the abdominal esophagus. Stitches are placed between both gastric flaps.

RESULTS

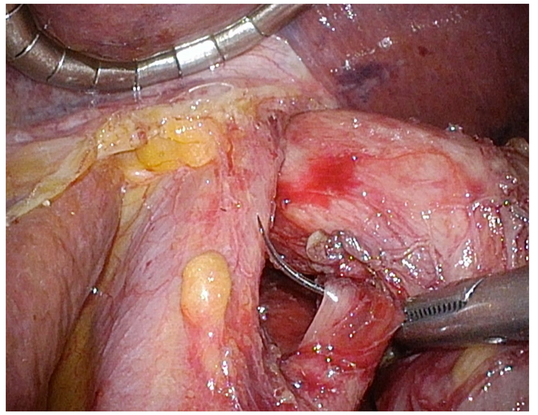
We have performed this procedure in 130 cases. The mean operation time in recent 20 cases is about 70 minutes. The patients are mostly satisfied with the postoperative results because of stable food passage food and no reflux.

A: 5 mm port for operator's lt. hand
B: 5 mm port, Snake retractor and scope holder to lift lateral segment of the liver
C: 12 mm port
D: 5 mm port
E: 12 mm port

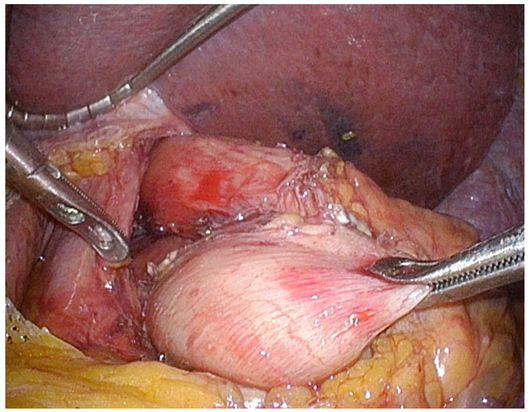




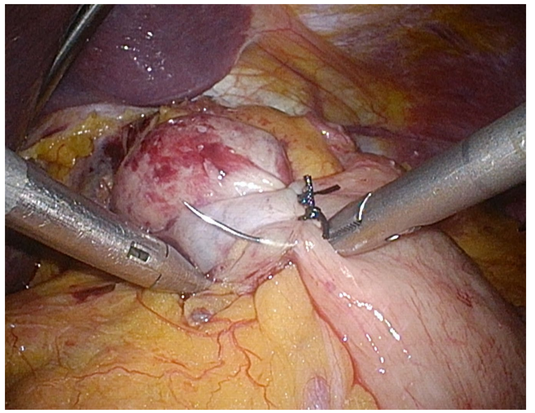
The window at the posterior side of the abdominal esophagus was widely opened.



Stitches are placed between both cruras behind the esophagus.



The stomach is grasped from behind the esophagus, without manipulating it to avoid injury.



The fornix of the stomach is pulled to obtain a 360 degree "stomach-wrap".

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The author have no financial conflicts of interest to disclose concerning the presentation.

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