

AB004. 4. An individualised laparoscopic assisted approach in patient with sigmoid tumour and a giant incisional hernia

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Background: An oncological laparoscopic assisted colorectal resection in the setting of a giant incisional hernia and multiple previous abdominal surgeries may often be considered difficult. Here we illustrate our operative management.

Methods: We report our approach in a 72-year-old male with a sigmoid tumour at 20 cm. He had a giant incisional hernia following multiple previous hernia repairs in another institution. His most recent laparoscopic hernia repair was complicated by an enterotomy and removal of the abdominal wall mesh with a prolonged intensive care unit (ICU) stay.

Results: We used a novel port placement with all ports

located on the left side away from the abdominal wall defect. The patient was rotated maximally left side up. The laparoscopic technique involved extensive division of adhesions and mobilisation of the left colon with low ligation of the inferior mesenteric artery (IMA) and identification of all relevant retroperitoneal structures. The surgery was completed with a left lower quadrant incision to remove the tumour en-bloc with adherent small bowel avoiding the hernia entirely. Histology revealed a T4bN0 tumour. The patient was discharged well day 4 post operatively.

Conclusions: Laparoscopic assisted oncological colorectal resection is feasible even in the presence of a giant incisional hernia and extensive previous abdominal surgery. Careful pre-operative planning with specific consideration to port placement and patient positioning can achieve excellent outcomes in difficult cases.

Keywords: Laparoscopic; incisional hernia; colorectal cancer; individualised approach

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