

AB004. Application of single incision laparoscopic colectomy in ulcerative colitis

Mohammad Faraz Khan, Alan Keyes, Ronan Cahill

Department of Surgery, Mater Misericordiae University Hospital, Dublin, Ireland

Background: With the advent of better medical care and drugs available, inflammatory bowel disease can be managed well, with less frequent cases of toxic megacolon or severe acute exacerbations warranting emergency surgery. Nevertheless, urgent semi acute surgical intervention can still be warranted in chronically declining cases on failed medical therapies. The platform of multiport laparoscopic surgery is readily available as an option, as is single incision laparoscopic surgery (SILS), if one is adequately comfortable and trained in performing this procedure with that set up.

Methods: In this case, a SILS approach was opted for. A

mini alexis wound retractor is placed after open cutdown at a pre marked end ileostomy site in the right iliac fossa. A glove port is set up with 2 working 5 mm ports and a 30-degree laparoscope. Colon is divided with the aid of an endo gastrointestinal anastomosis (GIA) stapling device at the rectosigmoid junction. Subsequent left sided colonic mobilisation and take down of mesentery is carried out, reaching splenic flexure and continued dissection proximally along the colon, reaching eventual terminal ileum. Here another stapler fire, allows for completion of colectomy and extraction of specimen via working glove port.

Results: Ensuring correct orientation, end ileostomy is brought out and fashioned in the usual manner.

Conclusions: Efforts of this approach leave the patient scar less, with less chances of any adhesions, port site herniation or subsequent surgical site infection.

Keywords: Ulcerative colitis; single incision

doi: 10.21037/map.2020.AB004

Cite this abstract as: Khan MF, Keyes A, Cahill R. Application of single incision laparoscopic colectomy in ulcerative colitis. *Mesentery Peritoneum* 2020;4:AB004.