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22053 -- V001

LAPAROSCOPIC TOTAL ABDOMINAL COLECTOMY WITH RECTAL HARTMANN'S POUCH AND CONSTRUCTION OF END BROOKE ILEOSTOMY, Badma Bashankaev MD,Christina Seo MD,Jared Frattini MD,Paula Denoya MD,Marwan Moussa MD,Steven D Wexner MD, Department of Colorectal Surgery, Cleveland Clinic Florida

This video depicts a case of a 15 year old female with mucosal ulcerative colitis (MUC). She was diagnosed 3 years ago and failed conservative treatment. She has already sustained multiple bone fractures. She and her family are quite apprehensive about lifelong commitment to multiple immunosuppressive medications. The patient's choice was to have a laparoscopic subtotal colectomy with rectal Hartmann's pouch and end Brook ileostomy.

Surgery: Abdominal access was performed with the Hasson technique. Four additional 10 mm ports were placed through horizontal stab wounds lateral to the left epigastric vessels, one in each upper quadrant and one in each lower quadrant. With a combination of head up, head down, left side up and left side down, the entire colon was carefully mobilized along the line of Toldt. The left and right ureters, duodenum, and pancreas were carefully reflected posteriorly out of harms way. The entire small bowel appeared normal without any evidence of Crohn's disease. The entire colon appeared diseased consistent with mucosal ulcerative colitis. The division was undertaken from the terminal ileum, around to the rectosigmoid junction carefully protecting and preserving the ileocolic, superior rectal, and inferior mesenteric vessels. The rectosigmoid junction was divided stapler. The previously identified right ileac fossa ileostomy site was re-identified, and a 2 cm disk of skin was excised. An additional 10 mm port was placed, and the staple line at the distal sigmoid was gently grasped and the entire specimen withdrawn through the stoma site. After verification of appropriate orientation of the small bowel and its mesentery, irrigation and verification of meticulous hemostasis, all port sites were closed with 3-0 Vicryl with the Neat-stitch device under direct vision. The stoma was then primarily matured. Patient tolerated surgery well and discharged on a postoperative day 3.

21711 -- V002

EMERGENCY LAPAROSCOPIC RIGHT HEMI-COLECTOMY IN ILEO-COLIC INTUSSUSCEPTION PATIENT DUE TO CECAL CANCER, Koo Yong Hahn MD,Jeoung Hwan Keum MD,Yong Geul Joh PhD,Seon Hahn Kim PhD, Deprtment of Surgery, Seongnam Central Hospital

(OBJECTIVES) Intussusception of large bowel in adult is rare and associated with malignancy in 70% of patients. To avoid tumor emboli spread during surgery, an attempt of reduction of intussusception should be excluded. For that reason, surgical complete resection is appropriate for treatment. Owing to huge mass, adhesions of surrounding structures such as ileo-colic vessels, ureter and duodenum, it is very hard to handle by laparoscopically. (METHOD) A 39-year-old female patient visited emergency department due to right lower quadrant pain and abdominal distension. A computerized tomography(CT) revealed right lower quadrant mass, bowel inflammation and edema. Under the impression of ileo-colic type intussusception, we did laparoscopic right hemicolectomy. (RESULT) The operation time was 250minutes and blood loss was 100cc. The first gas passage was postoperative 2nd day and stool passage was 3rd day. The first sips of water was postoperative 3rd day. The pathologic report demonstrated that the tumor was mucinous carcinoma and extended to subserosa. The 3 lymph nodes metastasis was found (3/25). Patient was discharged postoperative 11th day without complication. (CONCLUSION) We conducted laparoscopic right hemi-colectomy in ileo-cecal intussusception patient successfully. The application of laparoscopic surgery in intussusception depends on laparoscopic expertise of surgeon, extent of disease, patient condition.

21516 -- V003

PERINEAL RECTOSIGMOIDECTOMY AND VAGINAL HYSTERCTOMY IN A PATIENT WITH RECTAL PROCIDENTIA AND VAGINAL PROLAPSE, Eduardo Brambilla MS,Paulo Roberto Dal Ponte MD,Marcos Antonio Dal Ponte MD,Viviane Raquel Buffon MD, UNIVERSITY OF CAXIAS DO SUL

Introduction

Rectal procidentia is relatively rare and more common in older and female patients. In this group, other pelvic floor disturbs can also be associated. Once the ethiology as well as its treatment are doubtful, many are the surgical alternatives. Perineal procedures are considered attractive due to the low morbidity rate specially in this group.

Case report

A 74-year-old patient, hypertense, with a brain damage caused by a brain stroke has manifested over the past 6 months reducible rectal procidentia, which is exteriorized by walking. The patient reported chronic constipation with some episodes of faecal incontinence. By examining the patient, rectal procidentia and third-grade uterine prolapse was presented. Perineal rectosigmoidectomy associated with vaginal hysterctomy was the therapy performed. There were not any complications during the trans and postoperative period. After 60 days accompanying the patient, this one did not present any reincidence of prolapse or constipation. The faecal incontinence became less frequent.