Technical Notes: Single-Port Sleeve Gastrectomy

A Focus on Modern Surgical Practice

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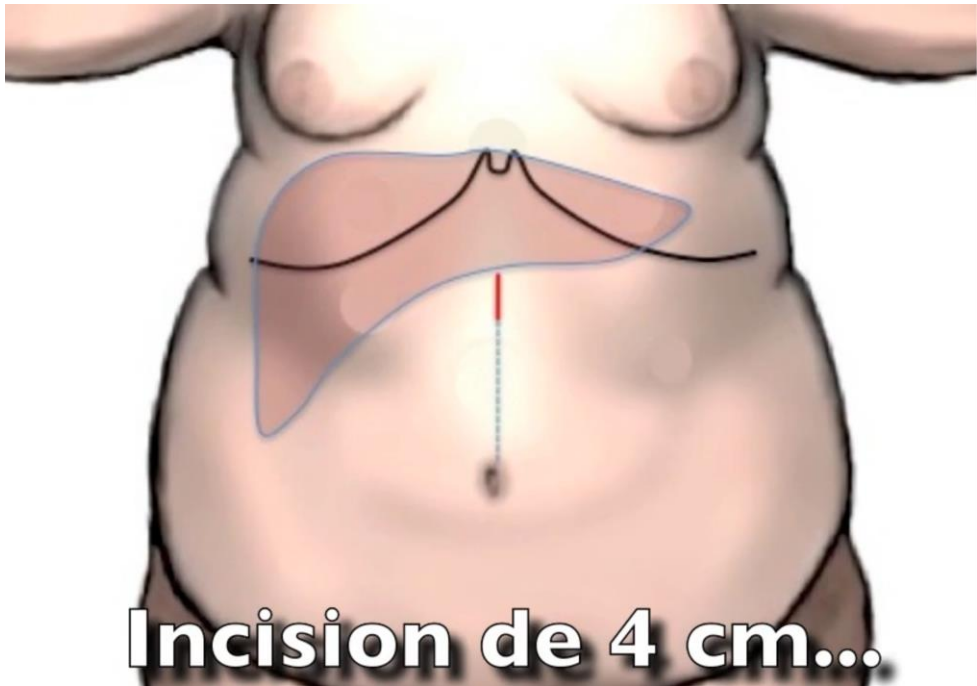
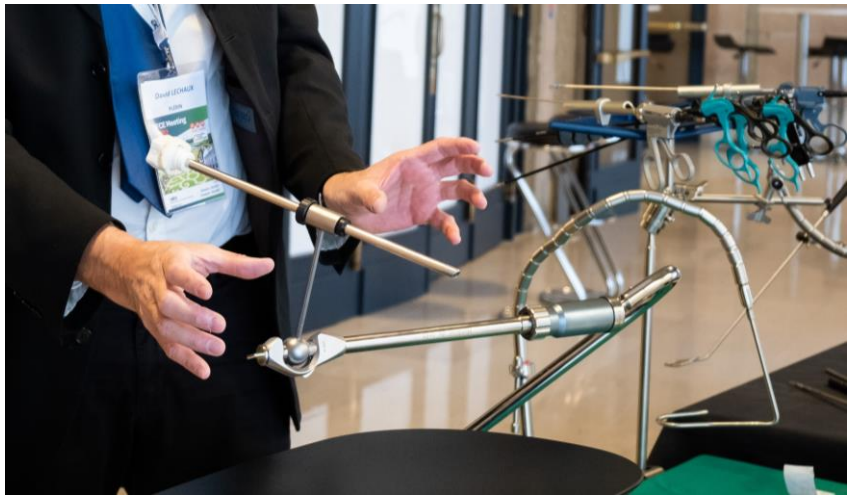
Mini-Laparotomy Placement

- **Placement is critical for optimal access.**
  - **Too high:** Poor access to the antrum.
  - **Too low:** Poor access to the subcardial region.



Antral Dissection



- **Endoboy in the inverted position.**
- **Surgeon's Actions:**
  - Dissects beneath the incision.
  - Hands are positioned higher, working in depth.
- **Tips:**
  - Increase pneumoperitoneum to 14–15 mmHg for distance.
  - Slightly air-filled stomach facilitates dissection.
  - Use a sponge to lift the left liver lobe for exposure.

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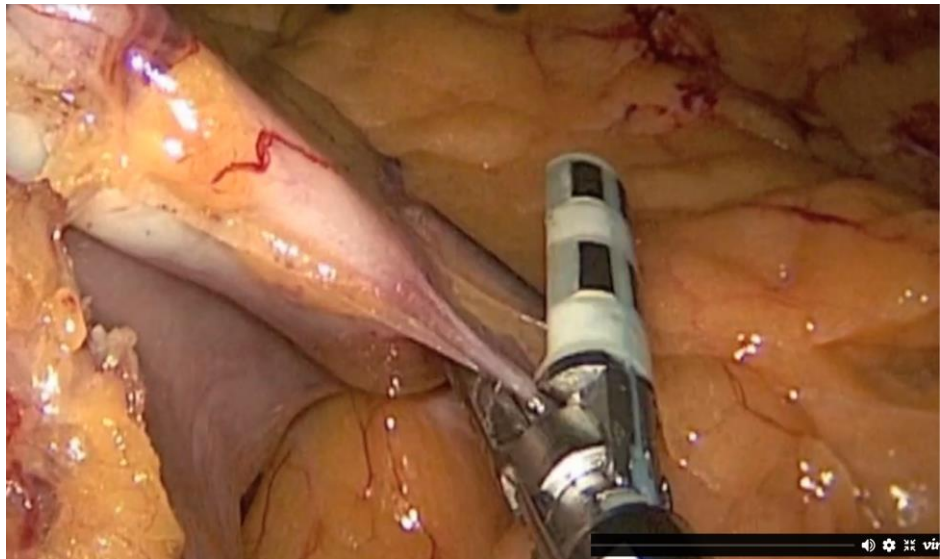
Gastric Body & Fundus Dissection

- **Endoboy in the normal position.**
- **Surgeon's Actions:**
  - Dissects at a distance from the incision.
  - Hands are positioned low.
  - The "voyant" instrument works in the axis of the right hand.
  - Left hand exposes by pulling on the omentum.
- **Assistant's Role:**
  - Retracts the stomach toward the patient's right.



Posterior Dissection

- **Nasogastric Tube (MID) is essential.**
  - Helps unfold the stomach.
  - Assistant should hold it to prevent slippage.

- **Goal:** Complete dissection, widely exposing the left crus.

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Cardial Dissection

- **Completed anteriorly by opening the gastro-phrenic ligament.**

- **Roles:**
  - **Assistant:** Lifts the left liver lobe.
  - **Surgeon:** Pulls the stomach by the fundus.
- Dissection meets the posterior plane.
- A sponge can be placed posteriorly to push back the omentum.

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Antral Stapling

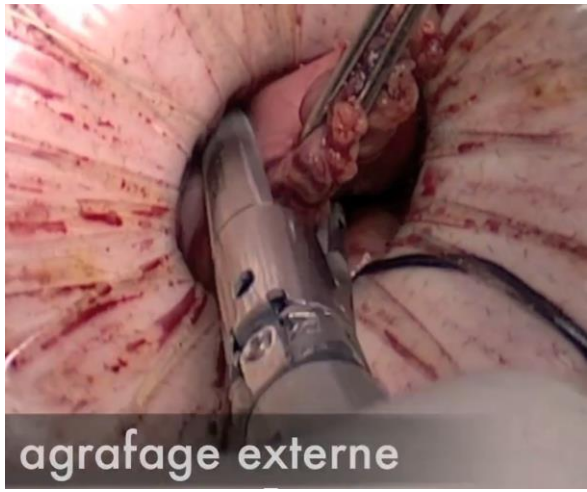
- Performed under direct (open) vision.

- **Precautions:**

  - Avoid posterior angulation (slight angulation of stapler is acceptable).

  - Black cartridges are more appropriate.

  - Check pylorus position and calibration bougie at the juxta-pyloric level.



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Body Stapling

- Re-insufflate the pneumoperitoneum.
- Use purple Tri-Staple cartridges.
- Progress while tightening the calibration bougie (38 Fr).
- Surgeon's grasping forceps expose by pulling on the greater curvature.

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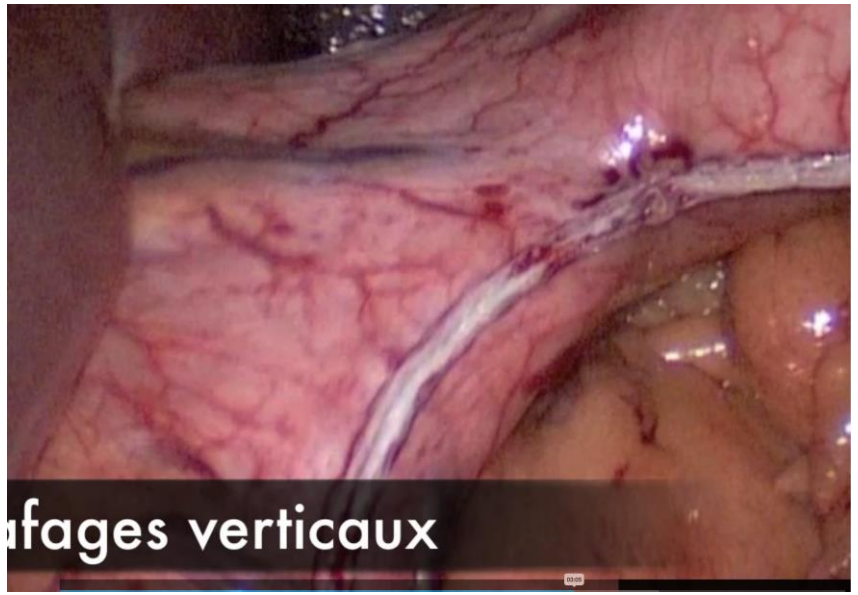
Fundic Stapling

- Perform **without traction**.
- **Critical** to reduce risks of hematoma and leak.
- Use purple cartridges.



- Preserve a small fundic pouch for anti-reflux purposes.
- Perform immediate hemostasis check.

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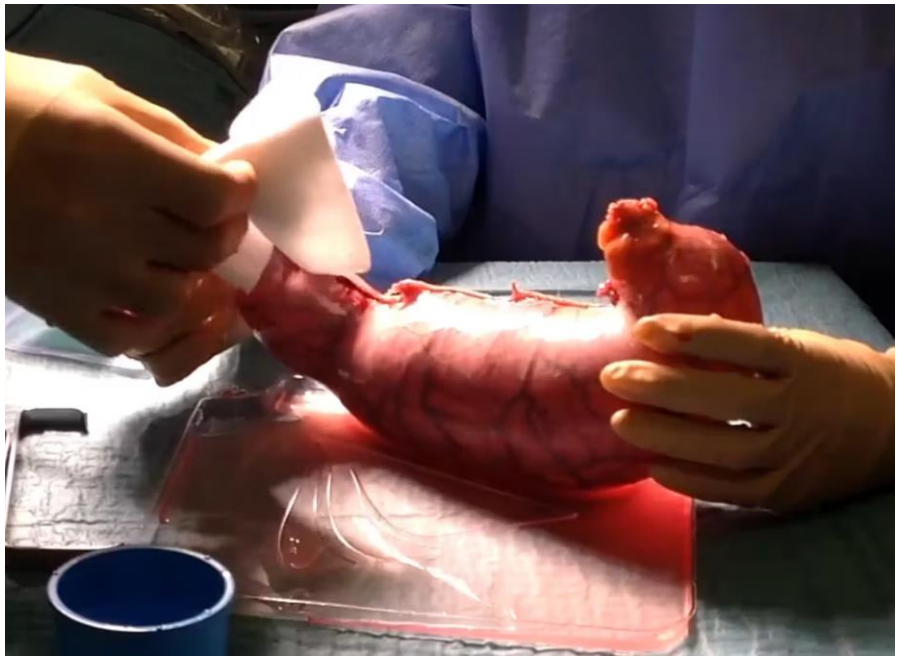
Post-Stapling Tests

- Immediate control after bougie removal.
- Additional hemostasis if needed (using "voyant")
- Retrieve any clots or blood traces with a sponge.
- Extract the specimen and the sponge.
- **Tests on specimen:** Volume, leak test, check for staple-line twisting.



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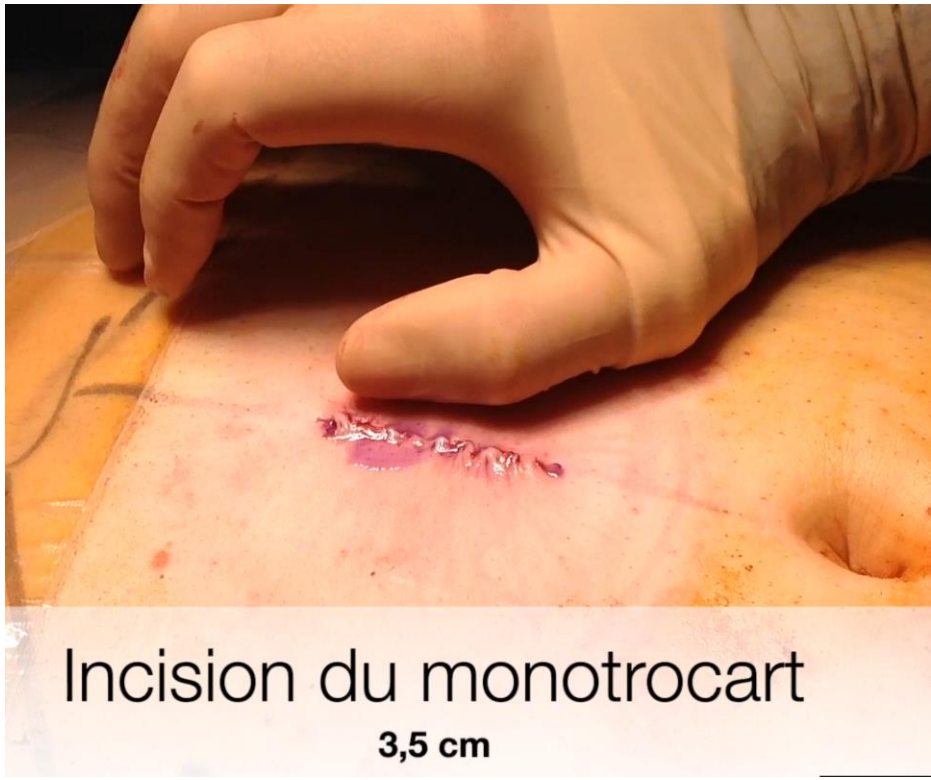
Closure



- Placement of a Gosset retractor.

- **Layered Closure:**

  - Aponeurosis: Running suture with Vicryl 1 or 0.
  - Subcutaneous layer: Vicryl 2/0.
  - Skin: Intradermal suture with colorless Vicryl 3/0 rapid.
  - Apply skin glue.

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