



# globalnewsletter

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## Empty Nest Syndrome

All of us live with a feeling of security that our children will always be with us. Security is mostly a superstition. It does not exist in nature, nor do the children of men as a whole experience it. When the children grow up, they tend to fly off and the parents suffer from what is called "Empty Nest Syndrome". Why has all the focus on security made us feel so much insecure? In fact, security is essentially elusive, impossible. Our obsession with protecting ourselves makes us less safe. When the children (eaglets) leave the nest, the couple should be proactively rather than reactively involved.

The nest of young eagles hung on every word as the Master Eagle described his exploits. This was an important day for the eaglets. They were preparing for their first solo flight from the nest. It was the confidence builder many of them needed to fulfil their destiny.

"How far can I travel?" asked one of the eaglets.  
"How far can you see?" responded the Master Eagle.  
"How high can I fly?" quizzed the young eaglet.  
"How far can you stretch your wings?" asked the old eagle.  
"How long can I fly?" the eaglet persisted.  
"How far is the horizon?" the mentor rebounded.  
"How much should I dream?" asked the eaglet.  
"How much can you dream?" smiled the older, wiser eagle.  
"How much can I achieve?" the young eaglet continued.

"How much can you believe?" the old eagle challenged.

Frustrated by the banter, the young eaglet demanded, "Why don't you answer my questions?"

"I did."

"Yes. But you answered them with questions."

"I answered them the best I could."

"But you're the Master Eagle. You're supposed to know everything. If you can't answer these questions, who can?"

"You." The old wise eagle reassured.

"Me? How?" the young eaglet was confused.

"No one can tell you how high to fly or how much to dream. It's different for each eagle and you know how far you'll go. No one on this earth knows your potential or what's in your heart. You alone will answer that. The only thing that limits you is the edge of your imagination."

The young eagle puzzled by this asked, "What should I do?"

"Look to the horizon, spread your wings, and fly."

**"No matter where you are in the world, if you have decided to do something deep from your heart, you can do it. It is the thought that matters. Not where you are or where the person is."**

An old man lived alone in a village. He wanted to spade his potato garden, but it was a very hard work. His only son, who would have helped him, was in prison. The old man wrote a letter to his son and mentioned his situation:

*Dear Son,*

*I am feeling pretty bad because it looks like I won't be able to plant my potato garden this year. I hate to miss doing the garden, because your mother always loved planting time. I'm just getting too old to be digging up a garden plot. If you were here, all my troubles would have been over. I know you would dig the plot for me, if you weren't in prison.*

*With lots of love,*

*Your Dad.*

Shortly the old man received this telegram: "For Heaven's sake, Dad, don't dig up the garden!! That's where I buried the GUNS!!"

At 4 am, the next morning, a dozen FBI agents and local police officers showed up and dug up the entire garden without finding any guns.

Confused, the old man wrote another note to his son telling him what happened, and asked him what to do next.

His son's reply was: "Go ahead and plant your potatoes, Dad. It's the best I could do for you from here."

**Moral for our children**

**"No matter where you are in the world, if you have decided to do something deep from your heart, you can do it. It is the thought that matters. Not where you are or where the person is."**

R. S. Bhatia



**Gratitude is not only the greatest of virtues, but the parent of all the others: Cicero**

### EDITORIAL BOARD

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# Ten Steps of Single Incision Laparoscopic Appendectomy:

## Puppeteering Technique

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Recent advances in laparoscopic instrumentation has made it possible to perform intra-abdominal operations entirely through a small incision that can be hidden within the umbilicus. The goal is to perform surgery with fewer incisions and no visible scars.

Single Incision Laparoscopy Surgery (SILS) is touted as a major breakthrough in minimally invasive surgery, moving the field closer to surgery that is bloodless, incisionless and painless. Other potential benefits are faster recovery and fewer wound complications.

As with any new technology, adequate learning and training avoids any complications. A study was conducted by Kravetz AJ, et.al at Michigan State University, Lansing, USA in July, 2009, which states that SILS technique can be applied effectively and performed in comparable operative times to traditional 3 port cholecystectomy with a learning curve of approximately 5 cases.

Despite the hype, prospective comparisons of SILS versus conventional laparoscopy are lacking. Results of SILS procedures have generally been limited to case reports and small case series that lack controls. A randomized, single center trial of SILS appendectomy is going to be conducted at University of San Francisco starting in January, 2010. The outcome measures will primarily be post operative pain, operative time, conversion rates, length of hospital stay, cosmetic appearance scale, etc.

The problems faced by surgeon in initial few cases of SILS are mainly due to the proximity of trocars and overcrowding of instruments. The freedom of the hands is relatively restricted, which causes clashing of the instruments. Also the fixed port at umbilicus creates a long distance to surgical site. These problems are overcome by proper learning and training of use of

articulating instruments and also the use of long endoscopes and flexible optics like EndoEYE/MAGS (Magnetic Anchoring Guidance System).

We feel that the use of one flexible instrument and one rigid instrument gives enough working space to manipulate and dissect tissues. Too much articulation causes wrist fatigue especially in the beginning of a few surgeries. Also the use of long and short instruments keep the handles and the surgeons hands from interfering with one another. The long distance between trocar and the surgical site can be overcome by using long endoscopes either 30° or 45°. The wide visualisation angle of 30° and 45° scopes improves the field of vision adequately.

There is no standard technique to be rigidly followed for SILS. Every surgeon can develop and innovate his own technique as he gains more experience in this field. We have realised that using a modified SILS approach in the initial few cases makes the learning of the technique easier and faster. The modification can be inserting a second trocar (5 or 3mm) to provide insufflation and retraction.

We present here a case report of SILS appendectomy with our technique of puppeteering of appendix with epidural needle. A 15yr old boy diagnosed as acute appendicitis was planned for SILS.

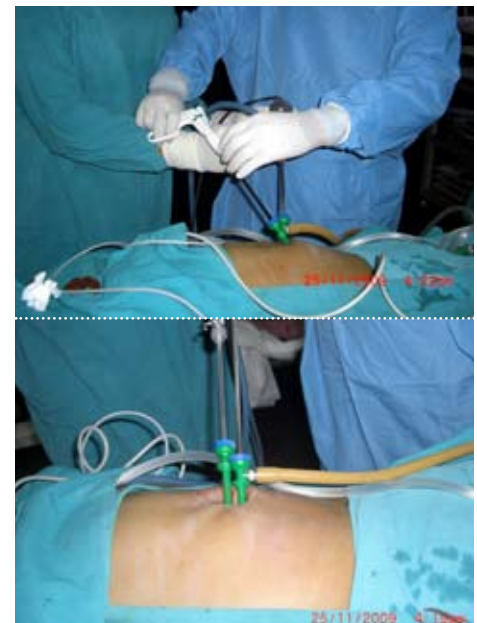


Innovative Instrumentation  
LINA® trocars- pyramidal and conical tips  
have been blunted

### TEN STEPS OF SILS APPENDECTOMY

1. Under General anaesthesia, pneumoperitoneum with veress needle was created.
2. A 1.0cm intraumbilical (preferably vertical ) skin incision was given.
3. Blunt Tipped Ports

Over the years, we have innovated our instruments to suit our needs and also be the least traumatic. Commonly used LINA® trocars tips are blunted so that blind injury chances are negligible. We introduce only 2 trocars (5mm LINA® blunt tipped) through the single intraumbilical incision.

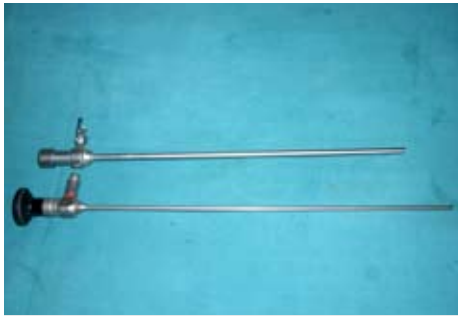


Telescope and Instruments through single  
intraumbilical incision

4. Diagnostic Laparoscopy with 5mm "Cystoscope" with "Hysteroscopic" sheath

With 5mm 30° scope (Cystoscope with Hysteroscopic sheath), diagnostic laparoscopy was done. We have designed our own Hysteroscopic sheath over the Cystoscope to prevent breakage of the

telescope. The appendix was found to be acutely inflamed and paracaecal in position.



5mm Cystoscope with Hysteroscopic sheath



Acutely inflamed appendix

#### 5. Dissection of Appendicular artery

A 5mm Reticulator Endodissect (Autosuture®) was used in conjunction with the other non articulating laparoscopic instruments to dissect the Appendicular artery.



Reticulator Endodissect 5mm



Transparietal sling or snare or loop

#### 6. Puppeteering of Appendix with Transparietal sling

The appendix was retracted with a transparietal sling. To make the sling, an epidural needle is taken and no. 1 Prolene suture is passed through it and knotted. A loose loop is made around the needle. Another idea is to make an endoloop at the tip of needle.



Transparietal sling insertion



A 1mm stab incision was made in right abdominal quadrant and epidural needle with loop introduced. Retracting back the tip of needle, widens the prolene loop inside. The tip of appendix was held with grasper and guided into this loop. Retraction on the prolene suture with withdrawal of epidural needle, suspended the appendix to the anterior abdominal wall.



Puppeteering of Appendix

The appendicular artery was easily dissected, dessicated and cut with Harmonic ACE. The artery can also be clipped with 5mm Clip Applicator using LT 200 Ligaclips.



Clip Applicator 5mm with LT 200 Ligaclips

#### 7. Application of Endoloops at the base of Appendix

We prefer to apply two self made endoloops (catgut suture) at the base and one towards the tip of appendix and then transecting the appendix. We still believe in endoloops as it is very rightly said that "Clips will slip". The third endoloop that is applied towards the tip of appendix is left long (helps in removal of appendix). Once appendix is cut, the transparietal sling is loosened and removed.

#### 8. Insertion of Endobag through 5mm trocar

As in conventional laparoscopic appendectomy, we believe in removal of appendix in endobag only, to avoid any skin infection. For insertion of endobag, the 5mm trocar is first removed and then the endobag, railroaded on a grasper, is inserted directly.

## 9. Extraction of Appendix

The tail of the endoloop towards the tip of appendix which was left long is positioned in between the two leaves of endobag. The grasper holds the endobag with the catgut suture together and is withdrawn. At the level of umbilicus we first hold the catgut suture and glide the appendix out of the endobag. This technique further facilitates the removal of appendix through the incision as transverse arrest of appendix does not occur at the level of abdominal wall.



Appendicular artery dissected with Harmonic ACE



Endoloop applied at base



Appendix transected between Endoloops. Tail of Endoloop left long



Gliding of Appendix out of Endobag



Scarless surgery

## 10. Approximation of Rectus edges

In the end, we combine the two rectus holes into one and approximate the rectus edges with Vicryl to prevent any chance of incisional hernia.

### Our Modification

1. No special trocars
2. No special instruments like SILS port
3. Same cost
4. Same time
5. Same team with better advantages.

Post op recovery of the patient was smooth, with very less need of post operative analgesia. The next day patient was afebrile, had taken normal diet and was discharged from hospital. On 1st week follow up, patient was comfortable. Dressing was removed. The boy had started attending his classes 2 days after surgery and had required no painkiller tablets.

SILS can easily and effectively be done in emergency conditions also. SILS is the

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future of laparoscopic surgery. **Learning SILS just requires an innovative mindset, staying flexible and always staying tuned.**

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**If we can transform ourselves, we have the potential to change the world.**

-- Laura van Dernoot Lipsky