

Laparoscopic Appendectomy for Gynecologists in Five Steps

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OBJECTIVE

Appendectomy is one of the most common surgical procedures performed globally, and the laparoscopic technique has the advantage of a minimally invasive approach.^[1-4] Competency in laparoscopic appendectomy from gynecologists is essential and necessary to fully address the treatment of some gynecologic conditions and diseases. The standardization and description of the technique for gynecologists are the main objectives of this video [Figures 1 and 2].

DESIGN

We present a step-by-step video demonstration of the technique.

SETTING

Academic tertiary-level hospital “IRCCS Azienda Ospedaliero-Universitaria di Bologna,” Bologna, Italy.

INTERVENTION

The video presents a systematic approach to laparoscopic appendectomy in five steps, which could make this procedure easier and safer during gynecological surgery.^[1-10]

1. Identification and inspection of the appendix: Should be performed during all laparoscopic gynecologic procedures, focusing in particular on appendix shape, caliber, color, and consistency. Identification of taeniae coli avails can help to locate the appendix

2. Lysis of adhesions and mobilization of the cecum and the appendix
3. Securing and division of the mesoappendix and appendicular artery: The appendix is retracted anteriorly and cephalad with a grasper, placing the mesoappendix under tension. The mesoappendix is coagulated with bipolar forceps, as close as possible to the appendix base
4. Appendix transection through appendix ligation: Three endoscopic loops are introduced and applied to the cecum-appendix junction. Two ligatures are located at the base of the appendix 2 mm apart from each other. The third

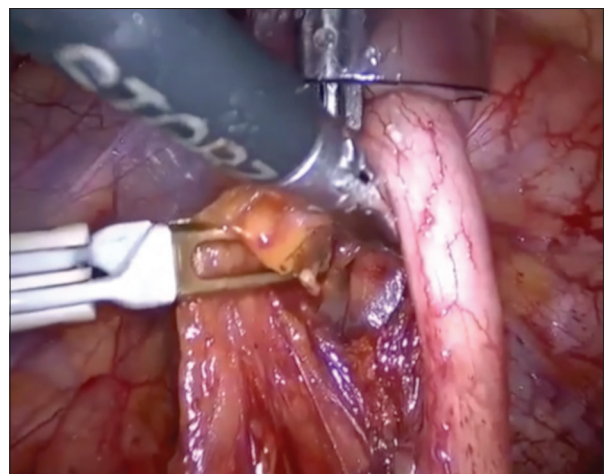


Figure 1: Transection of the appendicular artery <http://www.apagemit.com/page/video/show.aspx?num=298>

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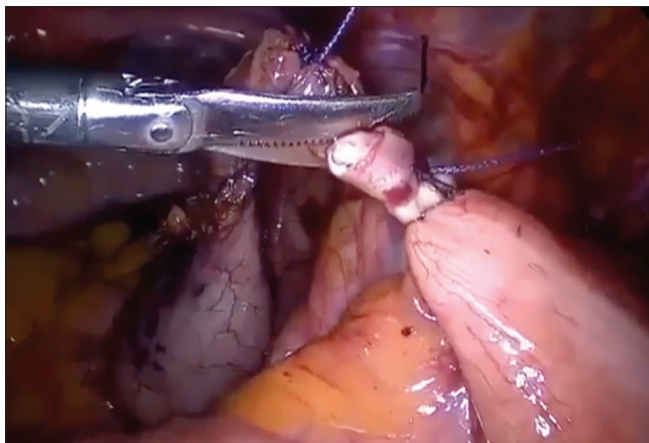


Figure 2: Transection of the ligated appendix

ligature is placed approximately 7 mm above the second one. The transection line is a virtual line between the second and third ligatures

5. Safe appendix removal: The appendix is inserted into a plastic specimen retrieval bag and removed through one of the suprapubic ports. Afterward, the appendix transection margin is carefully examined and hemostasis is performed.

RESULTS

Laparoscopic appendectomy correlates with reduced overall postoperative morbidity, lower rate of wound infections, less postoperative pain, reduced hospital stay, and early postoperative recovery.

CONCLUSION

Laparoscopic appendectomy performed by gynecologic surgeons during gynecological procedures is both feasible

and safe. The knowledge of the five surgical steps makes minimally invasive appendectomy easier and allows the procedure to be safely performed.

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Conflicts of interest

There are no conflicts of interest.

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