



How could I overcome difficulty in laparoscopic operation?

KEYWORDS

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ABSTRACT *Laparoscopic cholecystectomy (LC) has served as the igniting spark in the laparoscopic surgery explosion; however, it is unclear who created the spark? Surely it is evolutionary efforts of many scientists and innovators dedicated to this field of laparoscopy and continuous creativity has modified its usage and has minimized the problems occurring in the laparoscopic surgery one such case was experienced by our team at IMSRC, J.N.U. Hospital, Jaipur, Rajasthan, India.*

Case Report:

On 30th October 2015, two cases of lap cholecystectomy were planned at IMSRC, J.N.U. Hospital, Jaipur, Rajasthan, India - an upcoming new medical college hospital in Jaipur city of Rajasthan, India.

A new lap trolley was arranged as a demo set with instruments. After making ports, first laparoscope entered in umbilical port cannula. Subsequently we wanted to enter 5mm instrument in epigastric port cannula of 10mm, but 10mm to 5mm reducer could not allow entry of 5mm instrument as reducer was of different make.

There appear to be no solution to this newly arisen problem but it has been rightly mentioned that **"necessity is the mother of invention"**, so we started thinking to do something so that we can enter 5mm instrument through 10mm epigastric port cannula with maintenance of pneumoperitoneum.

First we tied two layers of surgical glove over hub of 10mm cannula(photo1), then 10mm washer and inside this 10mm washer 5mm washer making a single unit (photo2) was placed over gloved hub of 10mm cannula and kept in place by tying two layers of surgical glove again over hub of 10mm cannula (photo3).

With this self-innovation we were able to complete both the proposed operation without any problem. We wanted to share this experience to other colleagues, because this may also be of help to them in the situation of loss of pneumoperitoneum due to leakage of gas or due to problem with washers and this is usual problem in lap theatres.

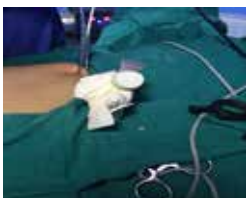


Photo 1: Tying two layers of surgical glove this over hub of 10mm cannula.



Photo 2: Putting the 10mm washer and inside 10mm washer 5mm washer making a single unit.



Photo 3: The unit was placed over gloved hub of 10mm cannula and kept in place by tying two layers of surgical glove again over hub of 10mm cannula