SINGLE INCISION
LAPAROSCOPIC SURGERY

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OUTLINE

• WHY SHOULD WE BOTHER?
• SILS ACCESS TECHNIQUES
• SILS INSTRUMENTS
• SILS OUTCOMES
• CONCLUSION

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BACKGROUND

• EXPANDING FRONTIERS OF MINIMAL ACCESS SURGERY

• NEW PROCEDURES

• NEW TECHNIQUES

• NEW INSTRUMENTS

• CRAZY THINGS!!!

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CONVENTIONAL MAS
TRANS-AREOLAR ENDOSCOPIC THYROIDECTOMY
TRANS-AXILLARY ENDOSCOPIC THYROIDECTOMY
Vcctomy Cases
First 101 Robotic General Surgery Cases in a Community Hospital

Rodolfo J. Oviedo, MD, FACS, Jarrod C. Robertson, BS, Sharifah Alrajhi, PhD

ABSTRACT

Background and Objectives: The general surgeon’s ro-

presentation, the groups consist of 22 laparoscopic cho-
lecystectomies; 27 inguinal hernia repairs; 30 ventral, in-
cisional, or umbilical hernia repairs; and 12 colorectal, 6
foregut, 1 bariatric, and 4 miscellaneous procedures. The

Conclusion: A robotic general surgery program can be
safely implemented in a small community hospital with
extensive training of the surgical team through basic re-

SILS, NOTES

- SINGLE INCISION LAPAROSCOPIC SURGERY
- NATURAL ORIFICE TRANSLUMENAL ENDOSCOPIC SURGERY
SINGLE INCISION LAPAROSCOPIC SURGERY

• SYNONYMS
  • LAPAROENDOSCOPIC SINGLE-SITE SURGERY
  • SINGLE PORT ACCESS SURGERY
  • SINGLE PORT LAPAROSCOPY
  • ONE PORT UMBILICAL SURGERY
  • NATURAL ORIFICE TRANS-UMBILICUS ENDOSCOPIC SURGERY
  • ETC

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Which term is better: SILS, SPA, LESS, E-NOTES, or TUES?

Jiang Fan Zhu
PROCEDURES

• APPENDECTOMIES
• CHOLECYSTECTOMIES
• COLON RESECTION: BENIGN, MALIGNANT
• SLEEVE GASTRECTOMIES
• TRANSABDOMINAL PREPERITONEAL (TAPP) HERNIA REPAIR
• ETC
• ROBOTIC SILS

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SILS

- USE OF SIMILAR INSTRUMENTS
- APPLICATION TO DIVERSE CONDITIONS
- EASE OF SPECIMEN EXTRACTION
- BETTER COSMESIS

- ERGONOMIC CHALLENGES WITH REDUCED TRIANGULATION
- INSTRUMENT CLASHING (SWORDING)
- ?? HERNIA FORMATION
- ?? WOUND INFECTION
- ?? LEARNING CURVE

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SILS ACCESS

- 1.5CM SKIN INCISION
- 2CM FASCIA INCISION
- ACCESS PORT

- NEED FOR METICULOUS FASCIA CLOSURE

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OTHER SILS PORTS
Single-incision laparoscopic appendectomy using homemade glove port at low cost

Initial Experience: Use of a Homemade Single Port Access Device

Seok Young Lee, Y
Department of Urology, H

Abstract

BACKGROUND/AIMS: We presented a series of single-incision laparoscopic distal gastrectomies for early gastric cancer patients through a type of homemade single port access device and some other conventional laparoscopic instruments.

METHODOLOGY: A single-incision laparoscopic distal gastrectomy with D1 + a lymph node dissection was performed on a 46 years old male patient who had an early gastric cancer.

RESULTS: This single port access device has facilitated the conventional laparoscopic instruments to accomplish the surgery and we made in only 6 minutes. Total operating time for this surgery was 240 minutes. During the operation, there were about 100 milliliters of blood loss, and 17 lymph-nodes were retrieved.

References

SILS INSTRUMENTS

• ROTTICULATING TELESCOPE: ENDOEYE (OLYMPUS)

• NORMAL TELESCOPES
SILS INSTRUMENTS

- ROTICULATING GRASPERS

- OTHER GRASPERS, DISSECTION AND ENERGY INSTRUMENTS
SILS OUTCOME

- EVALUATING USEFULNESS OF SILS
- COMPARING SILS TO CONVENTIONAL LAPAROSCOPY
- EVALUATING USE OF SILS IN CANCER CASES
- SILS VERSUS ROBOTIC SINGLE SITE SURGERY

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SILS CHOLECYSTECTOMY

• PISANU A ET AL  *JOURNAL OF GASTROINTESTINAL SURGERY* 2012;16(9):17 90-1801

• META-ANALYSIS OF PROSPECTIVE RANDOMIZED STUDIES COMPARING SINGLE-INCISION LAPAROSCOPIC CHOLECYSTECTOMY (SILC) AND CONVENTIONAL MULTIPORT LAPAROSCOPIC CHOLECYSTECTOMY (CMLC)

• 12 RCTS, 892 PATIENTS

• OPERATIVE TIME LONGER FOR SILC, NO OTHER SIGNIFICANT DIFFERENCE

• SILC HAS A SIGNIFICANTLY HIGHER PATIENT SATISFACTION.

• NEED TO EVALUATE SILC IN ACUTE CHOLECYSTITIS, PREVIOUS ABDOMINAL SURGERY, AND SEVERE OBESITY.

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YOUR PATIENTS WILL EVOLVE WITH YOU
SILS COLORECTAL

- **BR J SURG.** FUNG AK ET AL BR J. SURG 2012(10):1353-64. **SYSTEMATIC REVIEW OF SINGLE-INCISION LAPAROSCOPIC COLORECTAL SURGERY.**

- **SHORT TERM OUTCOMES SILS VS CONVENTIONAL LAPAROSCOPIC COLORECTAL**
  - Median operating times and time to first bowel motion SILS were comparable.
  - Median lymph node retrieval for malignant disease achieved with SILS was acceptable.
  - Evidence for a reduction in postoperative pain with SILS was conflicting.
  - No significant reduction in length of hospital stay with SILS.
  - Most patients selected for colonic SILS had a low body mass index, non-bulky tumours and were operated on by experienced laparoscopic surgeons.

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SILS COLORECTAL
OPEN COLECTOMY

SILS COLECTOMY

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SILS APPENDECTOMY

- KIM JH ET AL. SINGLE-INCISION LAPAROSCOPIC APPENDECTOMY VERSUS CONVENTIONAL LAPAROSCOPIC APPENDECTOMY: EXPERIENCES FROM 1208 CASES OF SINGLE INCISION LAPAROSCOPIC APPENDECTOMY.

- SIL-A : SHORTER TIME TO START DIET
- LESS HOSPITAL STAY AFTER SURGERY THAN CL-A.
- HOWEVER, SUPERFICIAL INCISIONAL SURGICAL SITE INFECTION RATE WAS HIGHER IN SIL-A

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ROBOTIC SINGLE SITE SURGERY
Comparison study of clinical outcomes between single-site robotic cholecystectomy and single incision laparoscopic cholecystectomy

• 55 SSRC VS 63 SILS

Conclusions: Both SSRC and SILC are safe and feasible procedures for performing single incision cholecystectomy. SSRC, however, has the advantage of significantly decreased postoperative pain.
TATME

• TRANSANAL TOTAL MESORECTAL EXCISION

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SILS IN NIGERIA

• WHY ?
  • PROGRESS

  • PROGRESS

  • PROGRESS

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SILS IN OAUTHC, ILE-IFE

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SILS IN OAUTHC, ILE-IFE
ABOUT 4-6 WEEKS POST-OP
CONCLUSION

• SILS IS NOW A WELL ESTABLISHED MAS PROCEDURE

• IT PRESENTS PECULIAR TECHNICAL CHALLENGES

• IT HAS SOME BENEFITS

• A PROSPECTIVE FIELD FOR LASSON MEMBERS

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THANK YOU