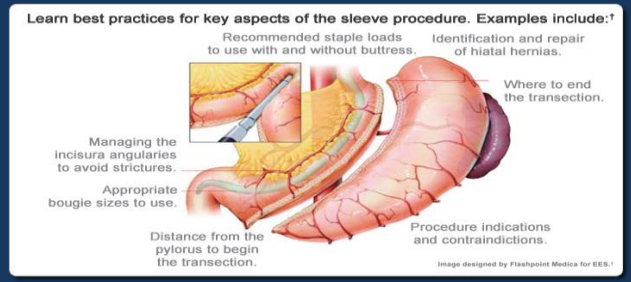
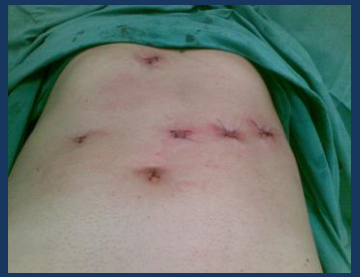
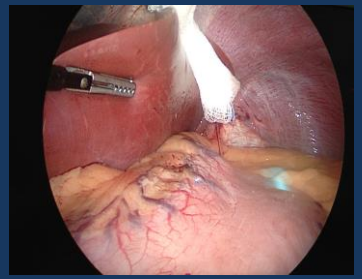
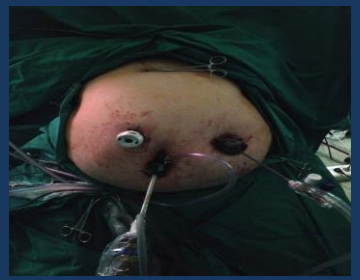
Three-port laparoscopic sleeve gastrectomy for sever obesity

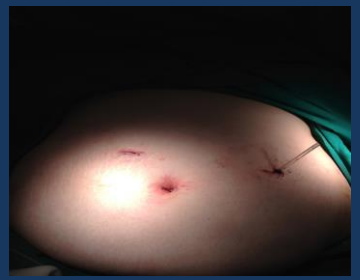
Vasileios Drakopoulos MD, PhD, FACS
Consultant Surgeon
3rd Dpt of Surgery & Laparoscopic Unit Evangelismos General Hospital of Athens
Treasurer, Educational B.o.D. E.X.E.
General Secretary, B.o.D. H.A.E.S.
Member, B.o.D. E.X.E.P.











- **5 to 7 Trocar / 3 Trocar**
  - Sleeve gastrectomy is traditionally performed with the aid of 5 to 7 abdominal trocars. By reducing the number of trocars, parietal trauma, pain and hernia risks can be minimized

→ **Carefully selected bariatric patients**

- **Pre-operatives conditions:**
  - Preoperative abdominal US or CT (measure the liver and determine the hepato-splenic characteristics)
  - BMI !!

VASILEIOS DRAKOPOULOS MD, PhD, FACS
www.vasileiosdrakopoulos.com

Materials

- 10-year experience from March 2014 to March 2024
- All cases of sleeve gastrectomy for morbid obesity were retrospectively analyzed
- All patients are followed-up every six months for evaluating weight loss and quality of life

Materials

- Position of the trocars: one periumbilical of 10mm for a camera of 30o, and another two trocars of 12mm on the right and left midclavicular lines, respectively.
- Percutaneous insertion of a stitch under direct laparoscopic vision which is fixed to the right crus of the diaphragm. Careful traction of the stitch lifts the left lobe of the liver offering better surgical field and access to the gastroesophageal junction without any liver retractor. A gauze is used to protect liver parenchyma from possible injury

> J Laparoendosc Adv Surg Tech A. 2016 May;26(5):361-5. doi: 10.1089/lap.2015.0532. Epub 2016 Mar 15.

Laparoscopic Three-Port Sleeve Gastrectomy: A Single Institution Case Series

Ricard Corcelles [1 2], Mena Boules [3], Dvir Froylich [1], Christopher Ryan Daigle [1], Amani Hag [1], Phillip R Schauer [1], Tomasz Rogula [1 4]

Case Reports > Surg Obes Relat Dis. 2016 May;12(4):925-927. doi: 10.1016/j.soard.2015.12.033. Epub 2016 Jan 4.

Three-port sleeve gastrectomy: complete posterior approach

Marius Nedelcu [1], Imane Eddbali [2], Patrick Noel [2]

> Surg Laparosc Endosc Percutan Tech. 2016 Dec;26(6):e174-e177. doi: 10.1097/SLE.0000000000000344.

Three-Port Laparoscopic Sleeve Gastrectomy: A Novel Technical Modification

Gretchen Dunford [1], Sunu Philip, Kerry Kole

> Cir Esp. 2013 May;91(5):294-300. doi: 10.1016/j.ciresp.2012.10.003. Epub 2013 Mar 8.

[Three-port laparoscopic sleeve gastrectomy: feasibility and short outcomes in 25 consecutives super-obese patients]

[Article in Spanish]
Luca Arru [1], Juan Santiago Azagra, Martine Goergen, Vito de Blasi, Luigi de Magistris, Olivier Facy

> Surg Obes Relat Dis. Jul-Aug 2015;11(4):942-5. doi: 10.1016/j.soard.2015.03.023. Epub 2015 Apr 8.

Transumbilical single-access laparoscopic sleeve gastrectomy plus 1.8-mm trocarless grasping forceps

Giovanni Dapri [1], Guy-Bernard Cadière [2], Jan Willem Greve [3]

VASILEIOS DRAKOPOULOS MD, PhD, FACS

Three-Port Laparoscopic Vertical Sleeve Gastrectomy for Morbid Obesity

District General Hospital of Athens "Evangelismos" - Greece
1st Department of Surgery and Transplantation Unit

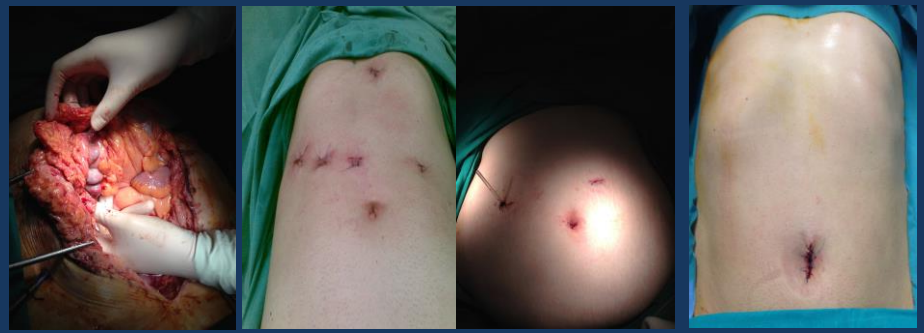
Results

- All patients had an uncomplicated recovery
- No liver injury or wound problem was mentioned

Conclusions

- Placement of a stitch at the right crus of the diaphragm
- First stapling along the length of the stomach formed by the bougie and after ligation of blood vessels and tissues along the length of greater curvature of the stomach

Past Present Future ?



→ Can reduce the number of trocars, leading to less postoperative pain, risk of hernia and better aesthetic outcome without compromising the safety of the operation, or the rate of postoperative complications

VASILEIOS DRAKOPOULOS MD, PhD, FACS
www.vasileiosdrakopoulos.com