

Lap Restorative Proctectomy Utilizing the A-Lap™ “Hand-Like” Laparoscopic retractor

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Clinical History:

A healthy 60 year old male patient was diagnosed with a T2N0 mid rectal carcinoma. The patient was electively admitted for a restorative proctectomy with coloanal anastomosis.

Procedure:

Laparoscopic mobilization of the splenic flexure and descending colon and division of the inferior mesenteric artery and vein were performed, as was total mesorectal excision. Despite optimal table positioning, persistent redundancy of the small bowel obstructed the surgical field and precluded safe dissection and vascular control. To facilitate safe dissection, the A-Lap was introduced via the EZAxess flexible port through a small incision in the left upper quadrant. EZAxess is a silicon port that is compatible with the A-Lap retractor as well as with other standard 5-6mm laparoscopic tools.

During the procedure the A-Lap was used to gently retract loops of small bowel, thus allowing optimal exposure while performing safe precise dissection, mobilization and vascular control.

The operative and post operative course were unremarkable and the patient was discharged on post operative day 4.

Conclusions:

The A-Lap retractor was used in this procedure to assist in safe gentle retraction of the small bowel, allowing optimal exposure. The A-Lap retractor may be used in a variety of laparoscopic surgical procedures for different indications to assist in intra-abdominal retraction and facilitate optimal exposure of the surgical field while preventing injuries to the retracted organs.

A-Lap retraction is attributed to its unique 3-D structure and material composition allowing delivery of a large intra-abdominal retracting device through a small incision.



Fig.1: A-Lap Retractor and EZAxess Flexible Port