

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

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Clinical History:

A 37 year old male patient was diagnosed with a T3N1 distal rectal cancer. Following neoadjuvant therapy the patient was electively admitted for surgical resection.

Procedure:

Laparoscopic mobilization of the splenic flexure and descending colon and division of the inferior mesenteric vascular pedicle were performed, as was total mesorectal excision. The significant mobility of the small bowel created a visual barrier obstructing the surgical field. 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 and 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 dissection, colon mobilization and vascular division.

The operative and post operative course was unremarkable and the patient was discharged on post operative day 6.

Conclusions:

The A-Lap retractor was used in this procedure to assist in retraction of the small bowel, allowing the surgical team to have optimal exposure while performing all crucial steps in this highly complicated surgery. 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.

The A-Lap improved tissue 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