SII11: THE LAPAROSCOPIC PYLOROMYOTOMY: THE OWN EXPERIENCE

Andriy Dvorakevych[1], Andriy Pereyaslov*[2], Bohdan Malovanyy[1] and Roman Dats[2]

E-mail: Andriy Dvorakevych — dvor.andr@gmail.com

[1]Lviv Regional Children's Clinical Hospital OHMATDYT, Lysenka 31, 79010 Lviv, Ukraine [2]Medical University, Department of Pediatric Surgery, Pekarska 69, 7910 Lviv, Ukraine

Background Laparoscopic pyloromyotomy (LP) is the safe alternative for the conventional pyloromyotomy since 1991. At the present time continuing the quests for the improvement of surgical technic of the LP. The goal of this study is the to describe our initial experience with modified of LP.

Materials and methods LP was performed in 11 infants through a single skin incision in the umbilicus, using a 3-mm 30-degree endoscope and 5-mm trocar. The 3-mm working instruments were inserted into the abdomen in the right and left subcostals space using stab-incision technic. The arthrotomy knife #11, which permits to control the depth of the pylorus dissection, was used. For the stratification of seromuscular lair the 2.7-mm laparoscopic Kelly's grasper was applied. All patients were prospectively evaluated.

Results The procedure was performed in 11 infants (8 male), with mean age 25±4 days and mean weight of 3,65±0,4 kg. On average, operating time was 27,6±10,2 min, and postoperative length of stay was 2,1±0,5 days. The damage of serous layer was noted in one patient that was sutured laparoscopically. Any other complications during surgery and the nearest postoperative period did not observed. All patients were discharged home on full feeds. Follow-up was scheduled 3-4 weeks after discharge, and no postoperative complications were noted in any of the patients.

Conclusions Thus, the applying of the stab-incision method decreased the traumatic of surgery and the quantity of postoperative wound complications. Applying of arthrotomy knife technically did not complicate the surgery, permits carefully control of the depth of pyloromyotomy, and significantly decrease the costs of the management.

Key words infants, pyloromyotomy, laparoscopy