Laparoscopic Splenectomy: Early Experience In Mosul

Abstract

Aim: To describe our early experience of totally laparoscopic splenectomy, highlighting its safety and applicability in local institution.

Setting: Al-Jumhori Teaching hospital

Design: case series study

Patients and methods: During the period from 10th 2007 and 10th 2010 laparoscopic splenectomy was planned for seven patients. The patients were selected by having relatively not large spleens, having no scar of previous laparotomy, having no major coagulopathy. The indication of splenectomy was for hematological problems in 5 patients and splenic cysts in 2 patients.

Vaccination against Pneumococcal, meningococcal, and H. influenza were given prior to surgery. Prophylactic antibiotic using third generation cephalosporin were given at induction of anaesthesia and continued for three days.

All procedures were done under general anaesthesia, patients put in the right lateral position. Open technique were followed for pneumoinsuflation. Four ports were used for the surgery. Diathermy (monopolar and bipolar), Ligaure, and Harmonic were used for dissection. Endoclips were used for control of large vessels. Straight End GIA stapler were used for controlling the great vessels at the hilum of spleen. Extraction bags used for delivery of spleen in pieces.

Results: A total of 7 patients underwent LS from the period of Oct 2007 – Nov 2011, by a single team headed by one surgeon. There were 5 Females and 2 males. Their age ranged from 18 -55 years with a mean of 31.5 years. Splenectomy was for immune thrombocytopenic purpura in 2 patients, for splenic cysts in 3 patients, and for hereditary spherocytosis in 2 patients.

The average operative time was 150 minutes (range 120 – 190)

Wound infection of the left flank wound was reported in one patient and bruises of the same port in another one. No major postoperative complication was reported in any one of patients.

The average hospital stay was (54 hours).

Conclusion: LS was found to be safe and comparable to the open surgery with added benefits of short hospital stay and better cosmetic results.

Key words: Laparoscopic splenectomy, Ligasure, Harmonic Ultracision