

Laparoscopic Colectomy for Complicated Diverticular Disease

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Goals in Laparoscopic Sigmoid Colectomy

- 1) Resect sigmoid colon**
- 2) Create a well-vascularized, tension-free anastomosis at the rectosigmoid junction**

Complicated Diverticular Disease

- **Fistula, abscess, stricture, free perforation**
- **Technically challenging due to adhesions, purulence, fibrosis, and distorted anatomy**
- **Higher potential for collateral injury**
 - Ureter and bladder
 - Iliac and gonadal vessels
 - Left sympathetic trunk and hypogastric plexus
 - Small bowel and rectum

Prior to Surgery

- **Study the CT scan to confirm anatomic details and relationships**
- **Drain abscesses and wait appropriate interval**
- **Colonoscopy to rule out carcinoma**
- **Cystoscopy, if indicated**
- **Ureteral stent placement, if needed**

Be Versatile in Your Operative Approach

Mobilization

- Sharp vs. blunt
- Hot vs. cold
- Lateral to medial vs. medial to lateral
- Distal to proximal vs. proximal to distal
- Hand-assist and open

Devascularization

- Sealing devices vs. clips vs. staples

Anastomosis

- Hand-sewn vs. staples
- Extra-corporeal vs. intra-corporeal