



Surgeon on the Left Side, an Alternative Position that May Improve Exposure in Gastric Sleeve?

Radwan Kassir¹  · Philippe Hanna² · Bachir Elias²

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Abstract

Background The position of the patient with the surgeon between the legs “the French position” remains the most commonly used. We describe an alternative technique for sleeve gastrectomy using three trocars (one of 12 mm, 2–4 cm from the umbilicus, and two of 5 mm), and the surgeon positioned to the left side of the patient, in order to facilitate dissection and exposure in sleeve gastrectomy.

Methods Between January 2015 and December 2017, this technique was already used in 50 sleeve gastrectomies.

Results In one case, a 5-mm trocar was added in the right upper quadrant for liver retractor. The decubitus position without the legs being spread is way easier and more tolerated by the extremely obese patients or those with joint pathologies. However, the supine position has disadvantages for intubation and respiration during the procedure.

Conclusions The operation is not really different regardless of where the surgeon stands, but we think that the position on the left side can give a better exposure of the gastric fundus.

Keywords Surgeon · Position · Sleeve · Laparoscopy · Surgery

The location, number, and position of trocars in sleeve gastrectomy have undergone remarkable changes over time, from 5 to a single trocar. However, the position of the patient with the surgeon between the legs “the French position” remains the most commonly used. We describe *an alternative technique for sleeve gastrectomy* using three trocars (one of 12 mm, 2–4 cm from the umbilicus, and two of 5 mm), and the surgeon positioned to the left side of the patient, in order to facilitate dissection and exposure in sleeve gastrectomy (video, Figs. 1 and 2). We present the case of a 51-year-old

woman with a BMI of 41 kg/m² who underwent gastric sleeve in 2017. The postoperative period was uncomplicated. Patient is in supine position, the surgeon and the assistant are on his left side, and the monitor is on his right side. Three trocars are used, one of 12 mm and the umbilicus or in a left para- or supraumbilical position (that serves for the 5-mm laparoscope, and for the introduction of staplers), and two of 5 mm inserted along the left midclavicular line one directly in a subcostal position and the second at 5 to 8 cm below.

This position allows an easy and direct access to the gastrocolic ligament. It facilitates the dissection of the stomach and the identification of the diaphragmatic crura. The posterior side of the stomach and the left pillar of the crus are fully dissected. The calibration tube is easily positioned by the instruments that are perpendicular to its direction, and the staplers are introduced through the 12-mm trocar that has the same direction of the stapling line on the stomach. In our institution, this technique was already used in 50 sleeve gastrectomies; in one case, a 5-mm trocar was added in the right upper quadrant for liver retractor.

The standard 4 port approach with a liver retractor generally great exposure.

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✉ Radwan Kassir
radwankassir42@hotmail.fr

¹ Department of Digestive Surgery, CHU Félix Guyon, Saint Denis, La Réunion, France

² Department of General Surgery, CHR Metz-Thionville, Bel-Air hospital, 57126 Thionville, France

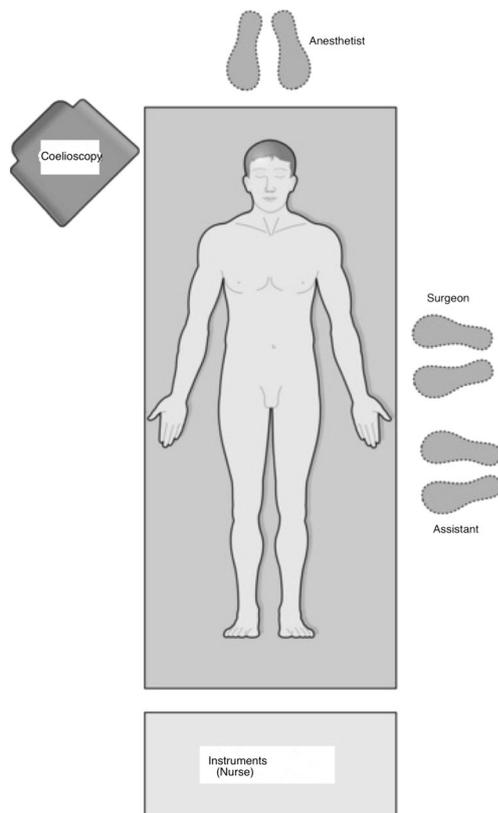


Fig. 1 The surgeon and the assistant are on his left side

The purpose of this video is to give a new surgical approach for sleeve gastrectomy in case of difficulty to position between the legs or on the right side (femoral prosthesis, BMI > 60). Another interest is the esthetic aspect since we use only one trocar of 12 and two trocars of 5 (for optics and operator). The insertion of the trocar 12 is feasible in the umbilicus which can also improve the esthetic aspect, provided the xipho-umbilical distance is < 18 cm.

We think that this position has the following advantages:

- The decubitus position without the legs being spread is way easier and more tolerated by the extremely obese patients or those with joint pathologies. However, the supine position has disadvantages for intubation and respiration during the procedure
- Pushing away the liver will be done through the lifted stomach, which will save us from inserting a forth trocar.
- An easier dissection on the angle of His.
- An easier insertion of the calibration display tool.
- A satisfying esthetic result notably in the case of the umbilical insertion of the 12-mm trocar.

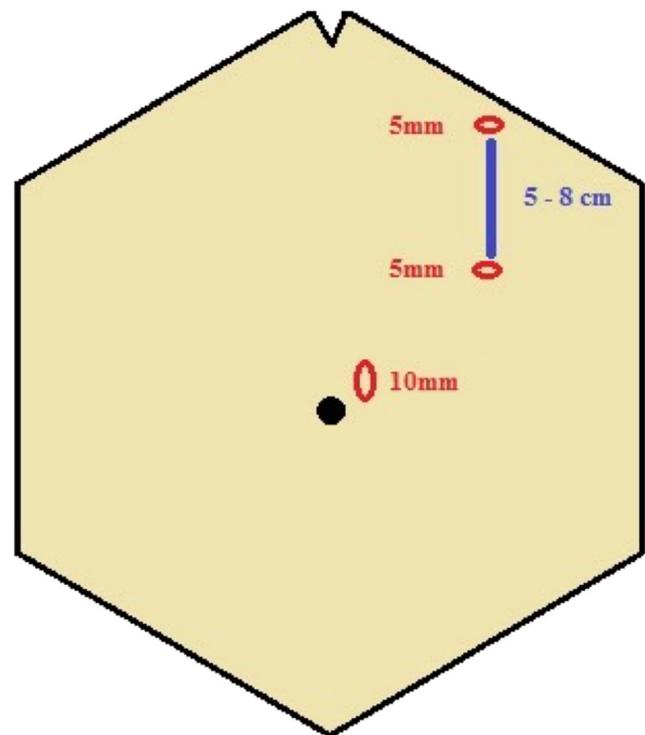


Fig. 2 Position of trocars

No assistant is holding up the gastrocolic omentum for countertraction. This suggestion does not seem negative when compared to having the surgeon between the legs or on the right side and the assistant on the patient's left. Moreover, we do not use liver retractor in a systematic way to avoid liver trauma (especially for patients in ambulatory surgery). Nevertheless, in case of difficulty, do not hesitate to use it. The operation is not really different regardless of where the surgeon stands, but we think that the position on the left side can give a better exposure of the gastric fundus. A study is underway to confirm this hypothesis.

Compliance with Ethical Standards

Conflict of Interest The authors declare that they have no conflict of interest.

Human and Animal Rights and Informed Consent Informed consent was obtained from all individual participants included in the study.

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