Video Article

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Laparoscopic Appendectomy Using Bipolar Diathermy

Mohie El Din Mostafa Madany*

Aswan University, Faculty of Medicine, Egypt

***Corresponding author:** Mohie El Din Mostafa Madany, Aswan University, Faculty of Medicine, New Aswan City, Egypt

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Introduction

A 13-year-old male child presented to the emergency department with an acute abdomen of 2 days duration. The pain started at the epigastric region and then shifted to the right iliac fossa within a few hours. The patient vomited once yesterday, and now he suffers only from nausea. No other GIT symptoms apart from loss of appetite. No significant urinary symptoms. Clinical assessment revealed an anxious child with an average body build, temperature 37.9 degree centigrade, an elevated pulse of 102 beats per minute, and Blood pressure of 105/60 mmHg. Local examination, there is tenderness in the right iliac fossa. To further evaluate the condition and determine the patient's fitness for surgery, an abdominal ultrasound was performed, and laboratory tests were ordered. Additionally, a pediatric consultation was conducted to ensure the safest and most effective management of the patient's condition. Our provisional diagnosis was acute appendicitis. The decision was for laparoscopic assessment. Under general anesthesia, a laparoscopic exploration was initiated by inserting a Veress needle for the creation of pneumoperitoneum at 10 mmHg. A 5 mm port was placed in the umbilicus for the 5 mm 30° scope to allow for exploration of the entire abdominal cavity before visualization of the operative site. During exploration. it was found that there was an early appendicular mass. The omentum was loosely adherent to the appendix, particularly at the tip. Adhesiolysis was gently done.

Laparoscopic appendectomy was achieved by grasping the appendix with a grasper and the bipolar was used to secure the appendicular artery in the mesoappendix then the scissor cut the secured part until we reached the base of the appendix. It is at the meeting of the tinea coli. Two loops of previously prepared Rodere's knots were inserted to the peritoneal cavity. The first loop is used to encircle the appendix at the base where it is tightened by using the needle holder as a knot pusher. Then the loop is secured by applying traction on both ends of the loop. Another one or two knots can be done for more securing. Then division of the appendix leaving a 5 mm stump after shortly cutting the two ends of the loop. Suction is used to avoid slippage of the contents of the appendix to the peritoneal cavity. The second loop is applied adjacent to the first one to confirm the securing of the stump. Bipolar diathermy is applied to the edges of the stump for hemostatic purposes in addition to sterilization of the stump. Retrieval of the appendix through an eight mm port without a retrieval bag (**Video**).

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Mohie El Din Mostafa Madany. Biomed J Sci & Tech Res

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