

# BE PREPARED

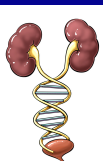
## Complications will happen!

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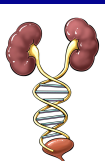
**SickKids**



# Objectives

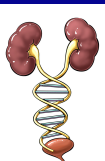
Identify and manage common troubles:

*Positioning- Access- dissection-suturing-  
closure-follow up*



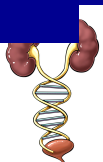
# Preoperative Considerations

- Morbidity, weight and size- account for anesthesia related issues
  - Positioning
- Nursing team
  - Port size
  - Insufflation pressure
  - Instruments- prepared to open



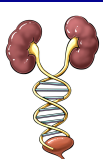
# Risk factors for troubles?

- Experience of Surgeon
  - First 100 cases 15%
  - > 100 cases 5%
- Difficulty of Case?
  - Easy 1%
  - Difficult 10%
- Most complications related to dissection
  - Vascular (1.7%)
  - Visceral / bowel (1.1%)
  - Nerve injuries (0.3%)
  - Wound problems (0.8%)
  - Death (0.08%)



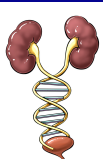
# Position

- Access to patient IV-tube
- Axillary “roll”
  - Gel pad vs. true roll
- Kidney rest
  - Shorten distance to vessels
- Flank
  - Modified
  - Point pressure



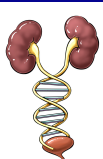
# Access (technical and physiological)

- Open
  - Laplift, purse string and for closure
- Closed
  - Cardiovascular effects of laparoscopy
  - Insufflation rate based on age or weight
    - < 1 yr: 0.3 l/min
    - > 1 yr: 0.5 l/min
    - > 5 yr: 1 l/min
    - >10 yr: 2 l/min



# Intraop monitoring- simple cases or not

- Be wary rare events
  - Co<sub>2</sub> Embolus
    - Rt Heart Failure
    - Lt lateral decubitus and central line
  - Pneumothorax
    - Acute drop in SpO<sub>2</sub>
    - Lt lateral decubitus

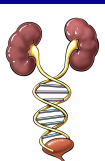


# Procedure cognizant

	Orchiopexy	Nephrectomy	Pyeloplasty
• Access	X	X	X
• Dissection	X	X	X
• Suturing			X

Length of procedure: 4-6 hours....

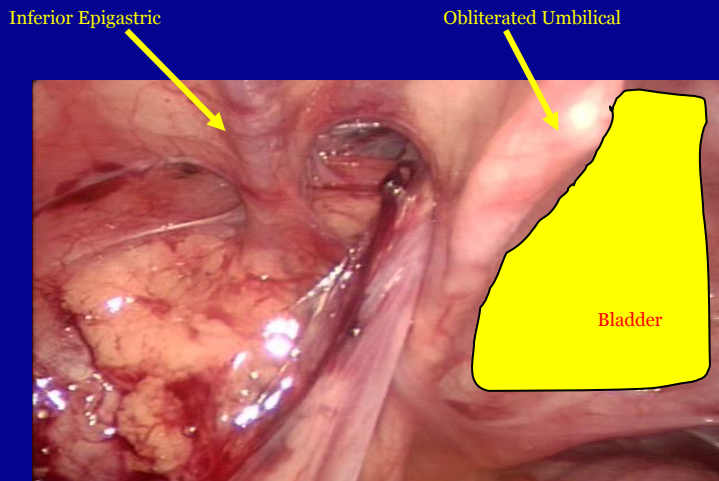
Expect decrease in mental acuity





# Procedure cognizant

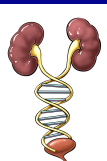
## Orchiopexy



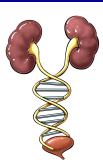
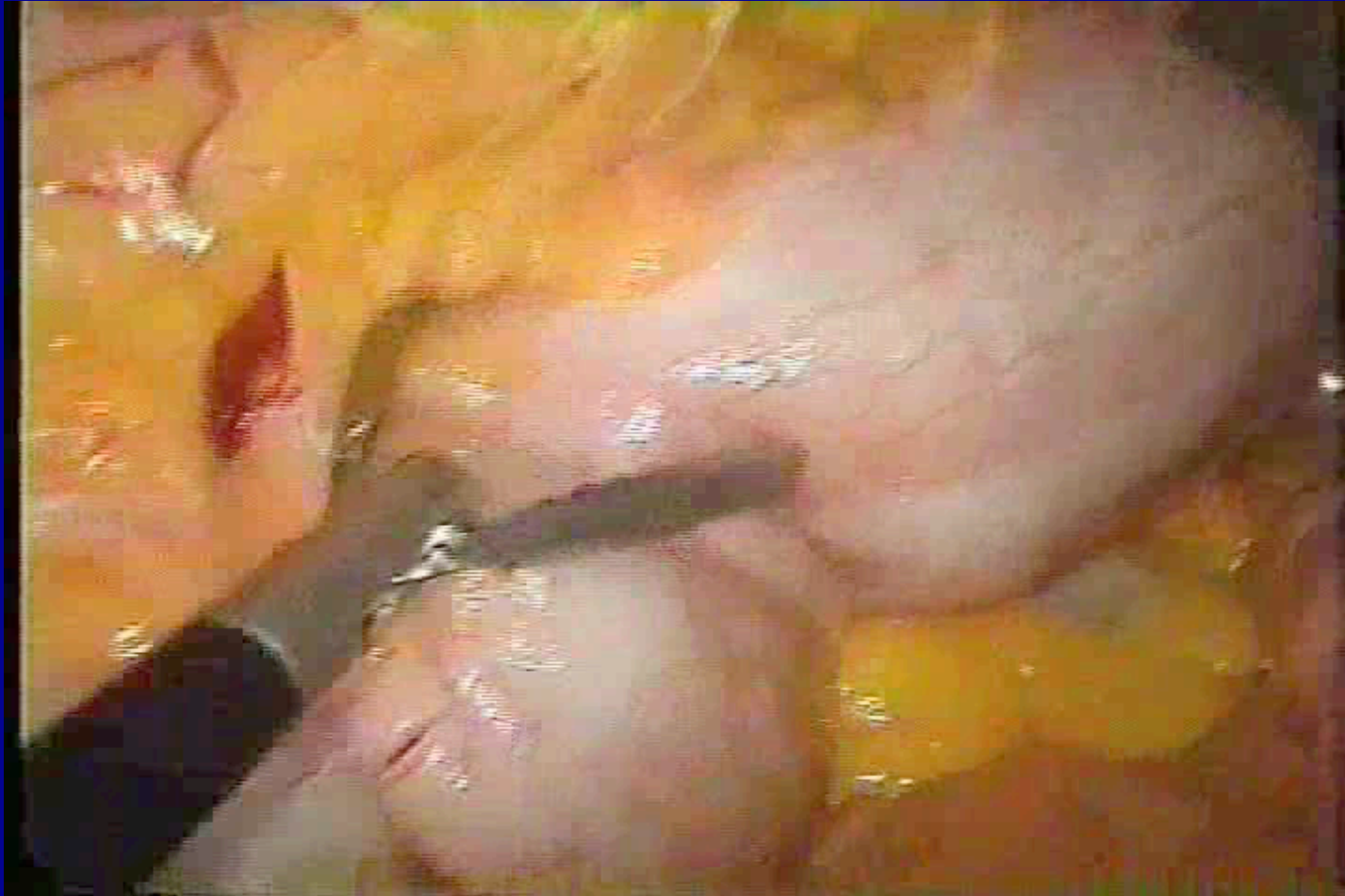
## Pyeloplasty

Reflect the colon or transmesenteric

JJ- down: mineral oil, external internal stent

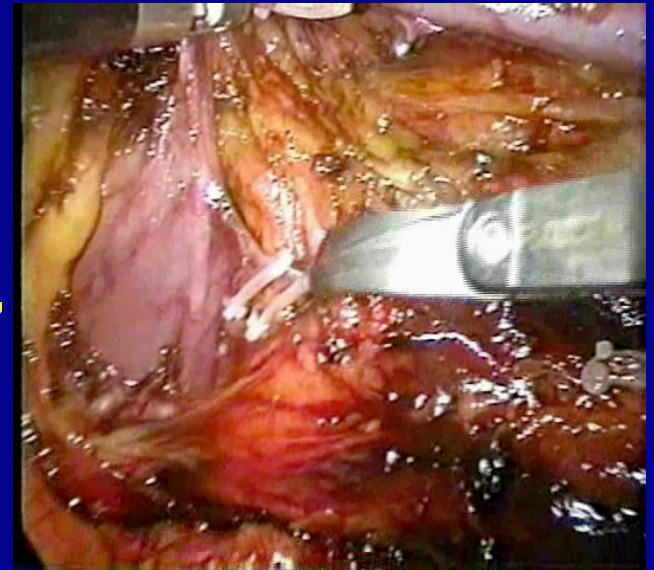


# Dissection: GI injuries

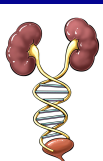


# Significant Bleeding

- Increase pneumoperitoneum  
NO
- Isolate and grasp
  - Clips
  - Have 10mm 5-0 PDS “ski” needle through small
    - Tie one end



**Consider conversion**



# Avoiding trouble

- Be aware of the learning curve
  - Start with easy & work towards harder cases
  - Revisit your log book, watch videos and plan the case
  - Inspect your instruments: judicious use of cautery near bowels, bipolar may be a good alternative to unipolar
- Proficient at suturing and current technology

