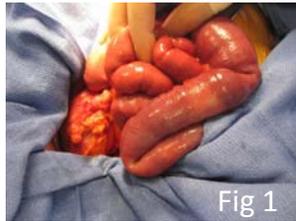


# Staged second-look laparoscopy: A new approach for evaluating ischemic bowel following extensive mesenteric lymphadenectomy for midgut carcinoid

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## Introduction

Midgut carcinoids frequently metastasize to the mesenteric lymph nodes, encase the mesenteric vessels, and create bowel ischemia. A durable surgical intervention requires an extensive mesenteric lymphadenectomy. This can result in a questionable blood supply to segments of the intestine, and poses a dilemma to surgeons in terms of intra-operative management. Traditionally, intestines with questionable blood supply are removed and anastomoses are created between viable segments. To avoid short gut syndrome, a deferred resection and anastomoses at an open 2<sup>nd</sup> look operation often becomes mandatory. Alternatively, bowel segments with questionable blood supply are anastomosed at initial operation with a planned 2<sup>nd</sup> look laparotomy or laparoscopy to assure the viability and integrity of the anastomosis. The authors have developed an easy, speedy and safe method to perform such a staged 2<sup>nd</sup> look. The method involves placing a JP drain at the conclusion of the primary operation; and utilizing the JP drain tubing as an insufflations port, and the JP tract itself as a troche site to conduct the planned 2<sup>nd</sup> look laparoscopy.

## Methods

Patients' charts and operating reports were reviewed between 7/2006 and 2/2010. A total of 12 patients underwent staged 2<sup>nd</sup> look laparoscopies; six were conducted to evaluate the integrity of anastomoses between ischemic looking bowel segments following extensive mesenteric lymph node dissection.

## Results

All initially ischemic looking bowel segments restored normal perfusion and all anastomoses remained intact. All staged 2<sup>nd</sup> look laparoscopies were concluded in 5-10 minutes without any complications or prolonged hospital stays.

## Conclusion

Staged 2<sup>nd</sup> look laparoscopy can easily be conducted by leaving a JP drain at the conclusion of the primary operation. It is safe, easy, and speedy. It can potentially be performed at the bedside as indicated.

