

Staged Second Look Laparoscopy: A New Approach for Evaluating Ischemic Bowel Following Extensive Mesenteric Lymphadenectomy for Midgut Carcinoid

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Background and Objectives: Midgut carcinoid has a strong tendency to metastasize toward mesenteric lymph nodes to encase the mesenteric vessels and creates bowel ischemia. For having a durable surgical intervention, extensive mesenteric lymphadenectomy is often required to relieve such encasement and relieve the partial or complete bowel obstruction. In so doing, the integrity of the blood supply to segments of intestine may become questionable. It then becomes a major dilemma confounding the surgeon in terms of the intra-operative management. Traditionally, intestine with questionable blood supply will be removed and anastomosis created between intestine segments carrying sound blood supply. To avoid short gut syndrome, however, more conservative measures will often call upon. Often, a second-look operation becomes mandatory. Open 2nd look is time consuming and traumatic. It might delay healing and prolong hospital stay. Laparoscopic 2nd look has been adopted in recent years. It has its own pitfall in the process of reentering the post-operative abdominal cavity. Easy, speedy and safe way to conduct a second look operation is direly needed. The authors have developed an easy access to achieve such a goal using JP drain tubing as insufflation port and the JP tract itself as troche site to conduct the 2nd look operation.

Method: Patients' charts and operating reports are reviewed between 7/2006 and 2/2010. A total of 12 patients underwent staged 2nd look laparoscopies. Six patients underwent staged 2nd look laparoscopies for ischemic bowel following extensive mesenteric lymph node dissection for midgut carcinoid.

Results: All laparoscopies were conducted successfully and safely in a speedy fashion without any complications or prolonging hospital stay.

Conclusion: Staged 2nd look laparoscopy can be easily conducted by leaving a JP drain at the conclusion of primary operations. It is easy and safe and can potentially be done at the bedside as indicated.