Creation of a retrogastric tunnel in laparoscopic gastric banding – the Liverpool Landmark

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Laparoscopic placement of a gastric band requires the creation of a retrogastric tunnel to allow for safe passage of the band through the pad of fat behind the gastro-oesophageal junction. We describe an anatomically constant area through which a closed instrument may be passed safely to emerge at the angle of His. Following minimal dissection in the angle of His 1–2 cm medial to the spleen, the pars flaccida is divided with diathermy. As the lesser curvature of the stomach is retracted to the left of the patient, an easily identifiable feature is a transverse fat plane running across the lower one-third of the right crus (Fig. 1). Incising the adipose tissue 2 mm medial to the right crus at the

Figure 1 The Liverpool Landmark (x).

level of this fat line allows easy retrogastric passage of a grasper or Goldfinger (Ethicon Endo-Surgery, Ohio, USA) in front of the crurae to arrive at the angle of His. The instrument should pass 'like a hot knife through butter'. This 'Liverpool Landmark' has proved its worth now for many years in our unit.