Technical Section [TECHNICAL NOTES AND TIPS

Staple line integrity test in sleeve gastrectomy

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The methylene blue dye leak test is considered established practice in laparoscopic Roux-en-Y gastric bypass.^{1,2} Laparoscopic sleeve gastrectomy is rising in popularity. Dye is delivered via an orogastric tube, with an instrument placed across the gastrectomy sleeve, preventing passage to the pylorus. Most standard laparoscopic instruments cannot compress the sleeve adequately. We use the partially closed endoscopic linear stapler, with the discarded cartridge, previously used in the longitudinal gastrectomy. At 60 mm, it gives good compression across the length to occlude the stomach beyond the inferior end of the staple line. It is safe, effective, readily available and adds no further cost.

References

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Reduced port number in laparoscopic cholecystectomy for acute cholecystitis following percutaneous transhepatic gallbladder drainage

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BACKGROUND

Laparoscopic cholecystectomy is a routine surgical procedure to treat patients with acute cholecystitis. Those with complications due to acute cholecystitis are usually unsuitable for emergency laparoscopic cholecystectomy because of sepsis and various co-morbidities. Percutaneous transhepatic gallbladder drainage (PTGBD) is an interim strategy for stabilising the patient.¹ However, in laparoscopic

Figure 1 The pigtail catheter is left in situ.

Figure 2 The pigtail catheter is pulled to lift the gallbladder fundus.

cholecystectomy following PTGBD, surgeons still face challenges such as tissue adhesion and hardness; as a result, a standard four-port laparoscopic cholecystectomy is necessary. The lateral right subcostal port functions as a gallbladder fundus retractor, which facilitates the Calot's triangle dissection. Some innovative techniques have been developed to replace the fourth port in uncomplicated gallstone disease cases.^{2,3} We describe a novel technique of using a PTGBD pigtail catheter as a gallbladder fundus retractor in acute cholecystitis.

TECHNIQUE

Laparoscopic cholecystectomy is usually scheduled three weeks following PTGBD. An 8Fr pigtail catheter (Skater™ drainage catheter with locking pigtail; Argon, Plano, TX, US) is left in situ and not removed (Fig 1). As carbon dioxide pneumoperitoneum is established via the