STERCORAL PERFORATION: MINIMALLY INVASIVE COLORECTAL SURGERY IN THE EMERGENT SETTING

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CASE

- 70 Y.O. FEMALE WITH A HISTORY OF CORONARY ARTERY DISEASE, RHEUMATOID ARTHRITIS AND COPD PRESENTED WITH 5 DAYS OF ABDOMINAL PAIN AND CONSTIPATION
- SHE WAS HEMODYNAMICALLY STABLE WITH SOFT, BUT DISTENDED ABDOMEN WITH BILATERAL LOWER QUADRANT TENDERNESS AND VOLUNTARY GUARDING
- CT SHOWED PNEUMOPERITONEUM AND A COMPLEX AIR FLUID COLLECTION IN THE PELVIS CONSISTENT WITH A RECTOSIGMOID PERFORATION
- PATIENT WAS TAKEN TO THE OPERATING ROOM FOR ROBOTIC ASSISTED ABDOMINAL EXPLORATION

METHODS

- ABDOMEN ENTERED WITH AN OPTICAL PORT IN THE LUQ, FOLLOWED BY INSERTION OF 2 ADDITIONAL PORTS
- 3 ADDITIONAL PORTS WERE PLACED, AND THE ROBOT WAS DOCKED
- A FULL-THICKNESS BOWEL DEFECT WAS FOUND IN THE UPPER RECTUM, CONSISTENT WITH STERCORAL PERFORATION
- COLON WAS MOBILIZED, AND MESENTERY WAS TAKEN DOWN. AN AREA OF HEALTHY COLON WAS CHOSEN AS THE PROXIMAL TRANSECTION POINT
- ICG WAS ADMINISTERED, AND THE PORTION OF THE BOWEL CHOSEN FOR THE COLOSTOMY WAS NOTED TO HAVE EXCELLENT BLOOD SUPPLY
- A ROBOTIC STAPLE CARTRIDGE WAS USED TO TRANSECT THE BOWEL.
- THE ROBOT WAS UNDOCKED, AND THE PROXIMAL COLON WAS BROUGHT THROUGH THE SKIN IN THE LEFT LOWER QUADRANT TO FORM A COLOSTOMY