

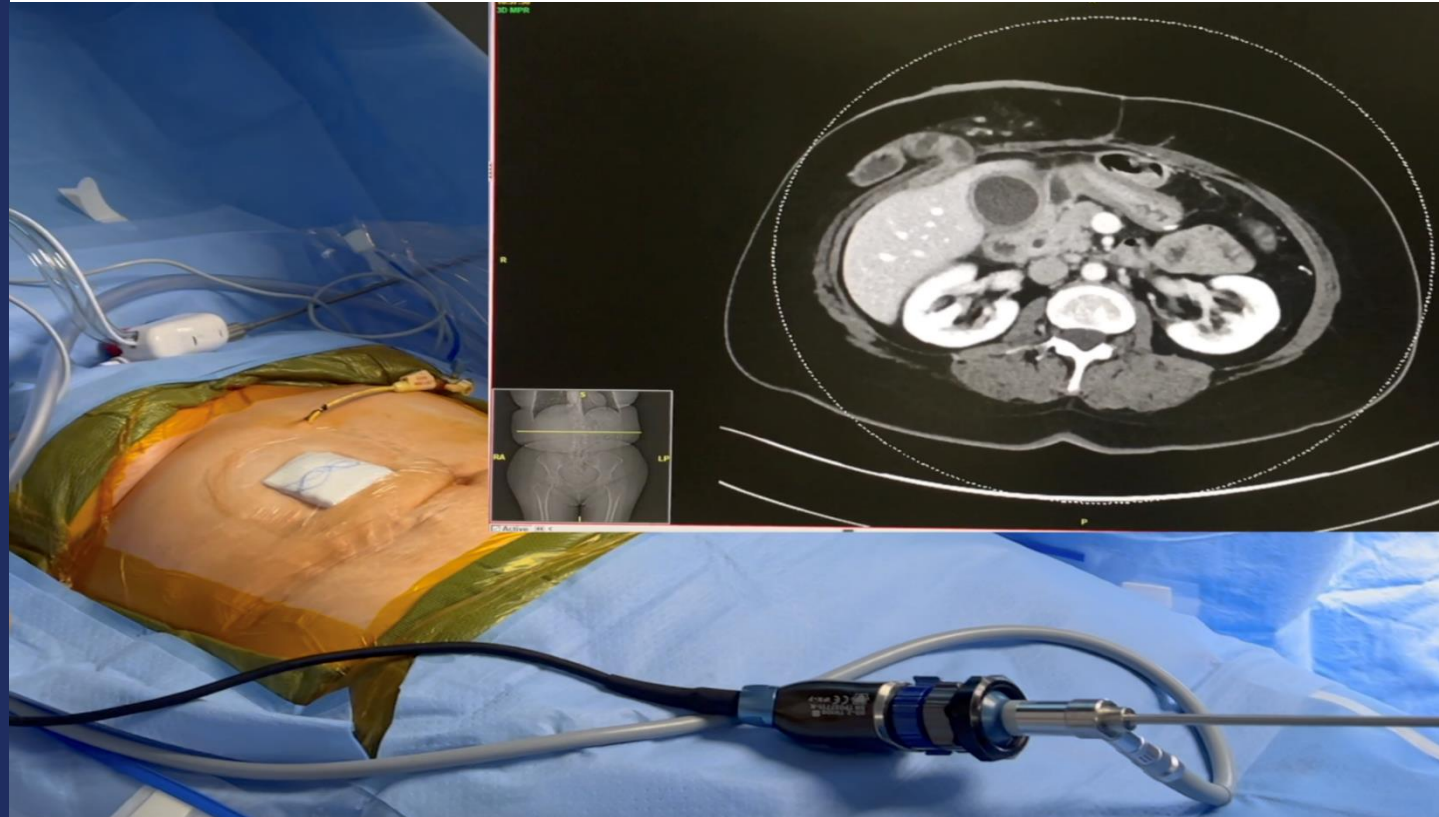
LAPAROSCOPIC CHOLECYSTECTOMY IN A HOSTILE ABDOMEN USING THE STAUFFER TECHNIQUE

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Introduction

The patient is a 51 years old female patient with a medical history of Chron's disease, thyroid cancer, obesity. Her surgical history included total proctocolectomy with end ileostomy, numerous surgeries for repair of parastomal and midline incisional hernias and sleeve gastrectomy that was converted to a Roux-en-Y prentended with gangrenous cholecystitis with a cholecystostomy tube.



Method

The patient underwent laparoscopic cholecystectomy using STAUFFER technique (Subcostal Trocar Approach Using Four Five mm with Exclusive Removal).

The camera is in a supralateral umbilical trocar site, the epigastric is a right hand, the midclavicular trocar is a left hand, and the anterior axillary trocar is the assistant port as extraction site.

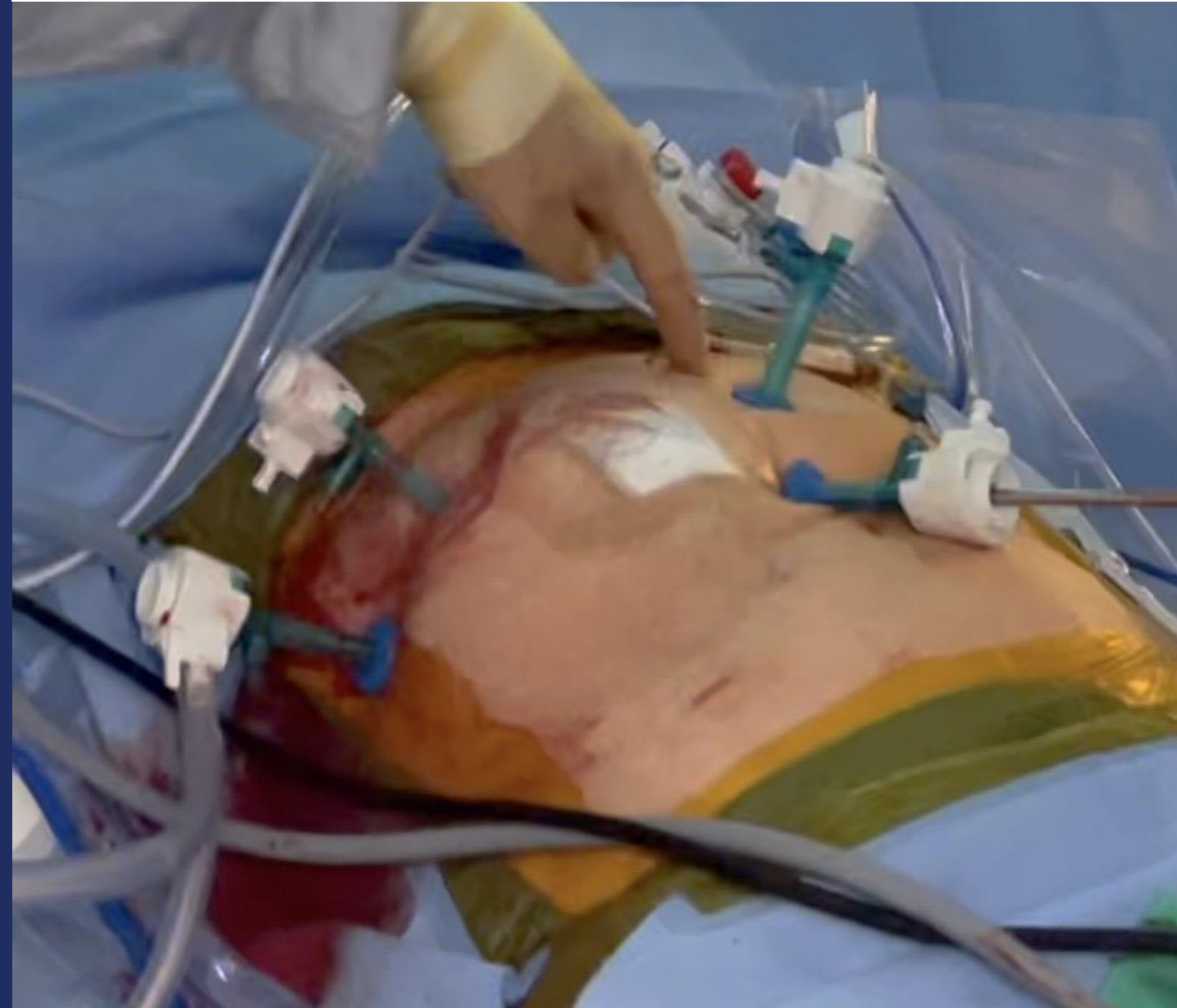
The abdomen is as shown with the cholecystostomy tube in the epigastrium and the end ileostomy tube is in the right upper quadrant, the camera site is unavailable, so we started in the midclavicular line. A zero-degree camera inserted, and significant adhesions were found as expected. The three additional trocars are placed, by using a seeker needle in the order according to the number seen in the picture as adhesions were lysed and space was made then standard cholecystectomy was done.

JOURNAL OF LAPAROENDOSCOPIC & ADVANCED SURGICAL TECHNIQUES
Volume 28, Number 3, 2018
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<https://doi.org/10.1089/lap.2017.0554>

Technical Reports

Subcostal Trocar Approach Using Four 5-mm with Exclusive Removal (STAUFFER): An Efficient and Useful Technique for Laparoscopic Cholecystectomy

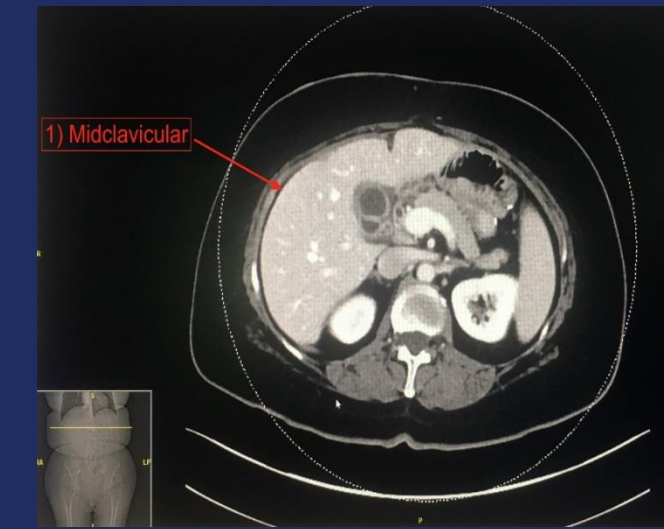
Levan Tsamalaidze, MD¹, Samantha L. Permenter, BS², and John A. Stauffer, MD¹



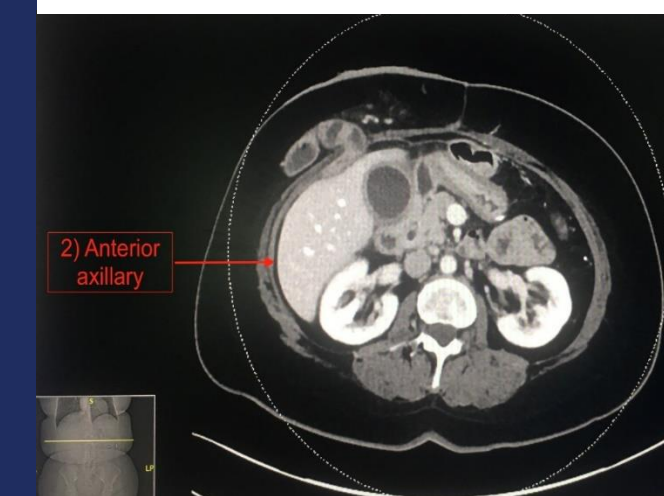
The four trocar are
in place

Conclusion

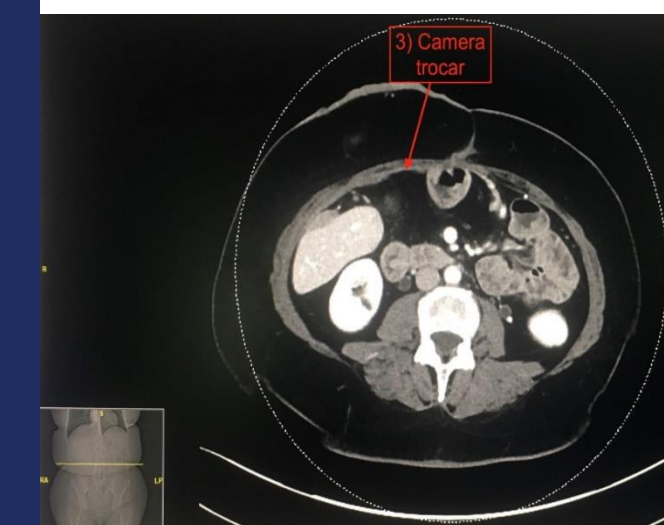
STAUFFER laparoscopic cholecystectomy is widely applicable and effective, saving operative time and reducing the risk of trocar site hernia. It is especially advantageous for obese patients who have had previous surgery.



First trocar "Mid-clavicular"



Second trocar "Anterior axillary"



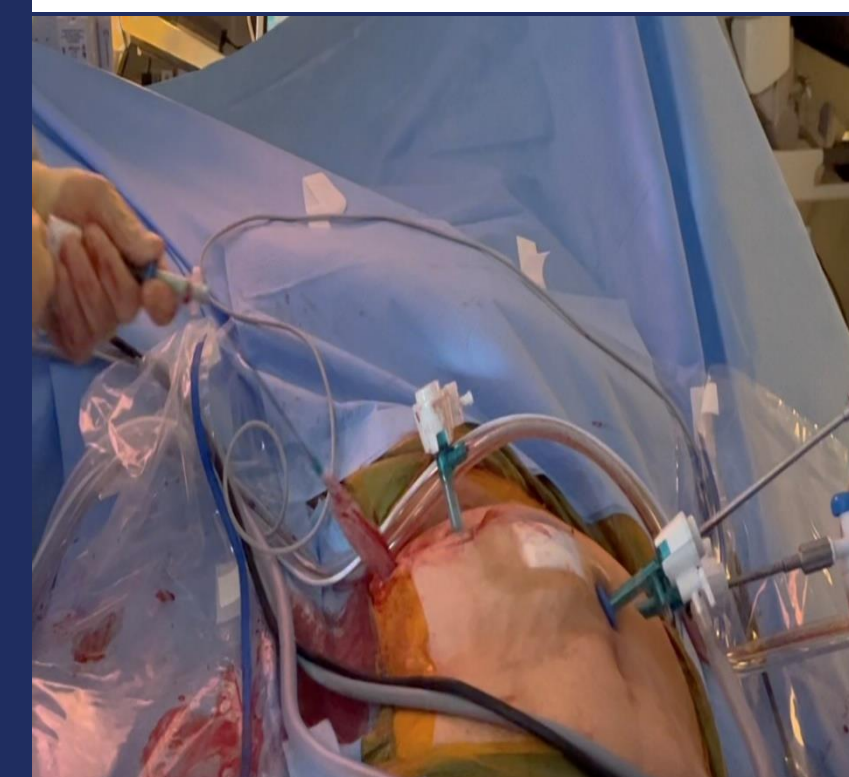
Third trocar
"Supralateral umbilical/Camera"



Fourth trocar "Epigastrium"



Very steep reversed Trendelenburg position with the right side up



GB extraction site
"Anterior axillary"



SCAN ME