LAPAROSCOPIC AORTIC SURGERY

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INTRODUCTION (I)

- *Compared with open surgery, laparoscopy reduce operative trauma*
  - *postoperative pain*
  - *postoperative ileus*
  - *hospital stay*
  - *time of recovery*
- *Dion et al. performed the first laparoscopy-assisted aortobifemoral bypass in 1993 and the first totally laparoscopic two years later.*

INTRODUCTION (II)

- *Indications :*
  - *aortoiliac occlusive disease (TASC C or D)*
  - *abdominal aortic aneurysm (>50-55 mm)*

- *Contra-indications :*
  - *hostile abdomen*
  - *severe aortic calcifications*
  - *severe occlusive lesions of the visceral arteries*
  - *high-risk patients*
  - *emergent procedure*
  - *suprarenal artery aortic clamping*
  - *retroperitoneal venous anomalies*
  - *obesity*

METHODS (I)

- *Several laparoscopic vascular techniques have been described :*

1. *laparoscopy-assisted procedure*
2. *hand-assisted laparoscopic procedure*
3. *totally laparoscopic procedures*

METHODS (II)

- *Totally laparoscopic techniques :*

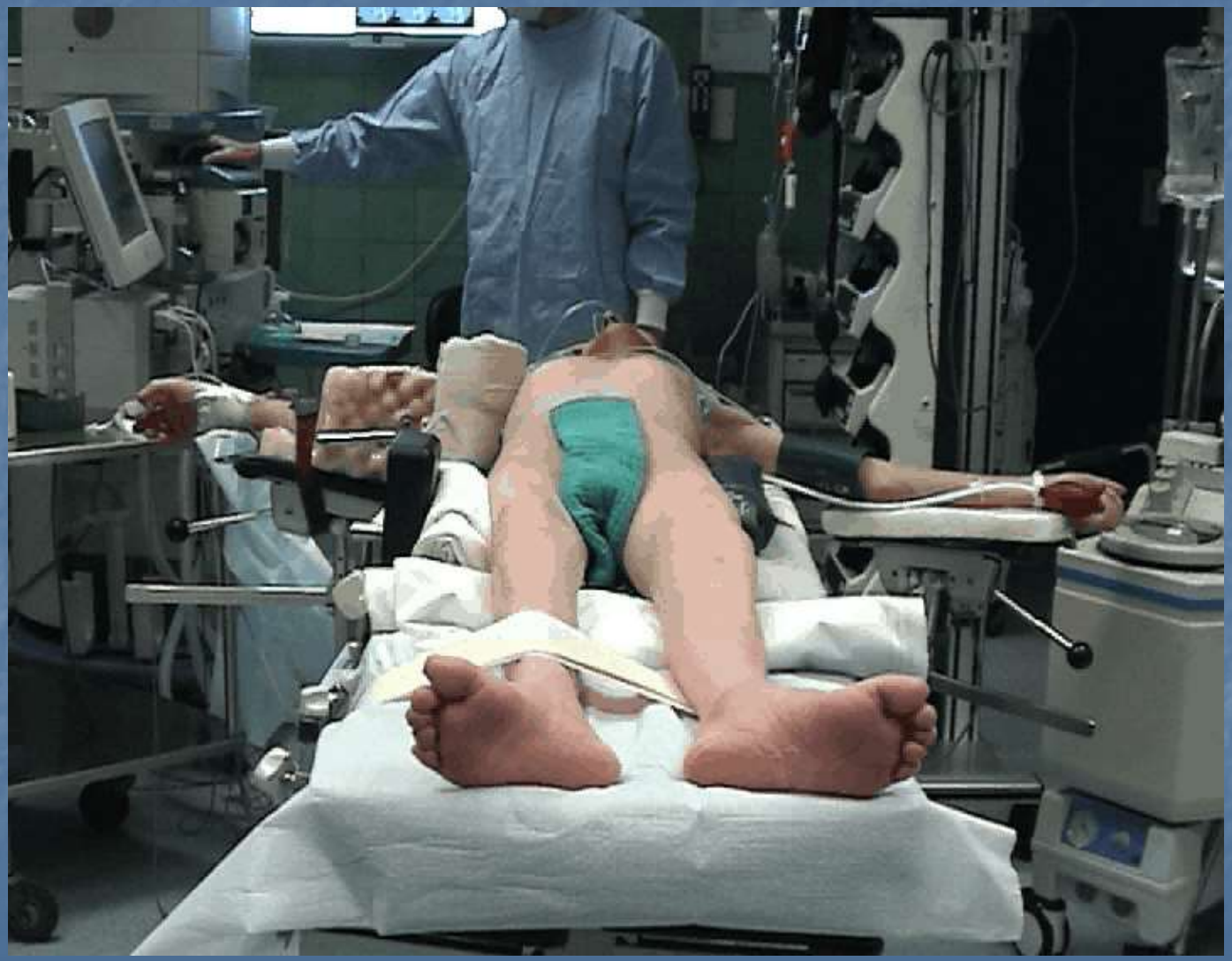
Retroperitoneal	Transperitoneal
1. « Apron »	1. intestinal retractor
2. retroperitoneoscopic	2. left retrocolic
	3. left retrorenal

- *Coggia et al. reported the largest series (93 cases) of laparoscopic aortobifemoral bypass in 2004.*

METHODS (III)

- *The technique used in Liège is the totally laparoscopic transperitoneal left retrocolic approach described by Coggia et al.*

- *Steps of the procedure :*



5th BGES-BAST Joint Meeting

RESULTS

- *Mean operative duration : 240 min*
- *Mean aortic clamping duration : 60 min*
- *Conversion rate : 2 to 10%*
- *Oral feeding : 2th postoperative day*
- *Mean hospital stay : 4 to 7 days*
- *Morbidity 13 to 24%*
- *Mortality 1 to 4%*

CONCLUSIONS (I)

- *Although there is significant learning curve, laparoscopic aortic procedures are feasable and safe.*
- *Laparoscopic aortic surgery is performed with the advantages of minimally invasive techniques.*

CONCLUSIONS (II)

- *Moreover, less incisional hernias and less bowel obstruction are expected during follow-up.*
- *The exact role of laparoscopy compared to endoluminal and open aortic repair remains to be determined.*