Clinical Case Report

Laparoscopic Low Anterior Resection using the EZsurgical A-Lap Retractor

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Introduction

Key factors in safe and effective laparoscopic surgery are the ability to clearly view the working area and create a good surgical window in a consistent, controlled manner. The objective of every laparoscopic surgeon is to use a system that provides the greatest level of safety, efficiency and cost-effectiveness.

Since the introduction of operative laparoscopy, various retractors have been examined and utilized, resulting in varying degrees of success. EZsurgical Ltd. developed the A-Lap retractor, which utilizes a malleable 3-dimensional configuration, with a soft elastic net which accommodates to the anatomy of soft tissue, and allows convenient retraction of a wide surface area.

Fig 1: A-Lap 3-D configuration

The A-Lap design simplifies soft tissue retraction, since it prevents slippage of tissue during retraction and tissue trauma, as can occur with rigid metallic retractors, such as the "Fan-Retractors".

Case Report

Low anterior resection surgery with the A-Lap retractor is presented to describe the usefulness of the device and its utilization in the clinical setting.

A 37 year old male patient was diagnosed with a T3N1 distal rectal cancer. Following neoadjuvant therapy the patient was electively admitted for surgical resection.

Laparoscopic mobilization of the splenic flexure and descending colon and division of the inferior mesenteric vascular pedicle were performed, as was Total Mesorectal Excision. Due to significant redundancy of the small bowel, creating a visual barrier and obstructing the surgical field, the A-Lap was introduced via The EZAxess flexible port through a small incision in the left upper quadrant. EZAxess is a silicon port that is compatible with the A-Lap retractor and other standard 5-6mm laparoscopic tools.

Fig 2: A-Lap and EZAxess Flexible Port

During the procedure the A-Lap was used to gently retract loops of small bowel, thus allowing optimal exposure while performing dissection and colon mobilization and vascular division. The procedure was laparoscopically completed.

The operative and post operative course was unremarkable and the patient was discharged on post operative day 6.

Discussion

The A-Lap retractor was used in this procedure to assist in retraction of the small bowel, allowing the surgical team to have optimal exposure while performing all crucial steps in this highly complicated surgery. The A-Lap retractor may be used in a variety of laparoscopic surgical procedures for different indications to assist in intra-abdominal retraction and facilitate optimal exposure of the surgical field while preventing injuries to the retracted organs.

Fig 3: A-Lap retracting small bowel and creating wide surgical window

The A-Lap improved tissue retraction is attributed to its unique 3-D structure and material composition allowing delivery of a large intra- abdominal retracting device through a small incision.

Disclosure: A-Lap is a registered trademark of EZsurgical Ltd. All patents pending. Dr. Wexner is an advisor for EZsurgical Ltd.