

LAPAROSCOPIC AORTIC SURGERY

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Laparoscopic aortic reconstruction is receiving increased attention as an alternative to traditional Aortobifemoral bypass. Reports of laparoscopic Abdominal Aortic aneurysm repair are increasing. These procedures remain formidable. The excellent long term durability of open Aortobifemoral bypass makes consideration of the laproscopic technique important. To compete with endovascular techniques, this durability must be combined with a reduction in operative morbidity and trauma.

We report on our strategic plan, implementation and the results of 8 cases completed to date between November 2003 and April 2005. All patients requiring aortobifemoral grafting were considered as candidates. Multiple previous laparotomies, morbid obesity and severe aortic calcification were used as exclusion criteria. Twelve cases were deemed appropriate but three were subsequently converted at the outset of surgery (one obesity, one adhesions, one cirrhosis) One patient was converted to open for venous bleeding during the procedure. Eight patients were successfully completed laparoscopically.

No patient had direct complications of the procedure. The patient converted for venous bleeding was discharged at one week with no complications. Seven of the 8 successful patients required no transfusion. One patient had 4 units transfused. The mean operating time was 6:36 hrs. The range was 5:20 to 8:00. The post operative length of stay ranged from 3-14 days. The mean length of stay for patients with open Aortobifemoral Bypass was 12 days. Post operative recovery was highlighted by early resumption of oral intake, decreased pain and more rapid resumption of mobility.

Our early experience indicates that Laparoscopic Aortic Reconstruction is feasible and can be accomplished safely. It is technically challenging with the limited array of dedicated instruments currently available. The potential rewards in terms of patient benefit warrant further efforts in this challenging area of vascular reconstruction.