

JOINT EVENT

7th International Conference and Exhibition on Surgery & 3rd International Conference on Anesthesia

June 21-23, 2018 Dublin, Ireland

Robotic transhiatal esophagectomy

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This video demonstrates a robotic transhiatal esophagectomy. This operation was undertaken in a 69 year old male who presented with a 9.7 mm distal esophageal cancer. He had recently completed neoadjuvant therapy. An 8 mm trocar was placed at the umbilicus to be used for the robotic camera port. Three 8-mm trocars were placed along the midclavicular lines on the right and left as well as along the anterior axillary line on the left side all cephalad to the umbilicus. A 5-mm incision was made along the anterior axillary line on the right side to retract the left lobe of the liver and finally, an applied port was placed between the midclavicular line and the umbilicus on the right side caudal to the umbilicus. The stomach was mobilized by taking down the gastrohepatic ligament working down toward the right crus. Next the short gastric vessels were taken down. The gastrocolic omentum was then divided. Followed by a pyloromyotomy. The dissection is then carried along the celiac trunk until the left gastric artery is visualized then divided at its origin. Concurrently, an incision is made on the border of the left anterior sternocleidomastoid muscle. Dissection continues into the mediastinum. The stomach is divided with the stapling device. The nasogastric tube is sutured to the cut end of the esophagus and is drawn into the peritoneal cavity. The remaining gastric margin is oversewn. The nasogastric tube is sutured to the stomach and is drawn to the neck. Once up into the neck, a stapling device and silk sutures are used to complete the esophagogastrostomy. All wounds were closed with monofilament sutures. The patient tolerated the procedure well and was discharged home on 4th day following post-operation.

Biography

Sharona Ross, MD FACS served in the Israel Defense Forces. She moved to the US to attain her undergraduate degree and received her Medical Degree from the George Washington University School of Medicine. After General Surgery residency training at the University of South Florida, she completed two Fellowships, one in Advanced GI Minimally Invasive Foregut & HPB Surgery and the other in Gastroenterology and Endoscopy. She is a Professor of Surgery at the College of Medicine, University of Central Florida, USA. She is also the Director of the Advanced GI Foregut and HPB Surgery Fellowship at Florida Hospital Tampa, USA. As the Director of MIS and Surgical Endoscopy at Florida Hospital Tampa, she continues to develop new and innovative techniques to promote the safety and application of minimally invasive laparo-endoscopic single site (LESS) surgery and robotic surgery. She is one of the few surgeons to offer patients robotic complex abdominal operations for malignancies of the esophagus, stomach, pancreas, biliary system, gallbladder, liver and small bowel. She has numerous peer reviewed publications and book chapters to her credit. She is also the Founder and Chair of the International Women in Surgery Career Symposium.

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