CASE EXAMPLE 2

I was undertaking a laparoscopic Roux en-Y gastric bypass, as a bariatric procedure, in a 35 year old diabetic lady with a BMI of 55. Part of this procedure involves bringing up an "omega" shaped loop of bowel in which the middle of the loop is stapled to the gastric pouch. At the critical part of the procedure, my attention was distracted by an SHO who burst through the theatre doors, which were in my line of vision, behind the laparoscopic stack. The SHO was looking for the on-call registrar who was required urgently in the Emergency Department. I looked up and informed the SHO that the registrar was elsewhere. I then transferred my attention back to the laparoscopic picture and undertook the anastomosis using a linear stapler. The procedure was completed and the patient returned to the ward.

Twenty four hours later, when the patient was vomiting bile and had developed a tachycardia, I realised that I had, in fact, performed a "Roux en-O" anastomosis, creating a blind-ended loop. After the distraction in theatre, I had lost laparoscopic orientation and anastomosed the wrong end of bowel to the gastric pouch. The patient was returned to theatre where the gastric bypass was revised and refashioned correctly. The patient made an otherwise untoward recovery and at six months has lost 70% of her original weight.

Reporter's Comments:
Maintenance of orientation and intra-operative concentration is crucial in laparoscopic surgery. I allowed myself to become distracted by an external disturbance, losing orientation at a critical moment, which resulted in performance of an incorrect surgical manoeuvre. I have since re-orientated my theatre table for laparoscopic procedures so that the theatre doors are at 90° to the operating table, and now routinely perform a specific check with my team, prior to undertaking any laparoscopic anastomosis.

CORESS Comments:
Orientation and situational awareness are key components of laparoscopic surgery. External distractions should be kept to a minimum. Checking, to determine which end of a piece of bowel one is about to anastomose to another piece, is more difficult in laparoscopic than open surgery, but some check should be undertaken, as described by the reporter. Some surgeons may choose to mark a specific end of bowel by placement of a visible external suture.