HBP SURGERY WEEK *2023*

MARCH 23 THU - 25 SAT, 2023 | BEXCO, BUSAN, KOREA www.khbps.org

& The 58th Annual Congress of the Korean Association of HBP Surgery



ABST-0206

Optimal Port Placements To Facilitate Conversion From Robotassisted To Full Laparoscopic Anterior RAMPS

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Background : Radical antegrade modular pancreatosplenectomy (RAMPS) for adenocarcinoma has been shown to be safe and oncologically superior to distal pancreatosplenectomy. Modified robotic RAMPS has become increasingly adopted. We present a robotic case whereby optimal port placement facilitated smooth transition to full laparoscopy in a semi-urgent setting.

Methods : A 58-year-old female presented with a 2cm pancreatic body tumour in October 2022. Modified anterior RAMPS was performed to ensure margin clearance. She was positioned supine with split-legs. Ports were placed in the right anterior axillary line (R1, 8mm: prograsp), right mid-clavicular line (R2, 8mm: fenestrated bipolar), supraumbilical (R3, 8mm: camera) in an imaginary diagonal fashion, with an additional left anterior axillary line port (R4, 8mm: vessel sealer) and a 12mm assistant port in the left mid-clavicular line. During the dissection of the root of splenic artery, unrecoverable robotic vision-cart error resulted in a timer countdown requiring quick withdrawal of the robotic instruments and conversion to laparoscopy. R3 was upsized to 12mm and the laparoscope switched to the left 12mm assistant port – allowing the first surgeon to use R1/R2 and the upsized R3 to complete the resection.

Results : The operative time was 288 minutes, and estimated blood loss was 100ml. The postoperative course was uneventful and she was discharged on post-operative day 7. Histology revealed moderately differentiated invasive adenocarcinoma (pT2N1M0) with uninvolved margins.

Conclusions : Robotic platform error is rare but may be untimely, requiring an expedient switch to laparoscopic approach. Wherever possible, initial port placements should facilitate easy conversion to laparoscopy with suitable ergonomics.

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