Laparoendoscopic Single Site (LESS) Nissen Fundoplication

TITLE: Laparoendoscopic Single Site (LESS) Nissen Fundoplication

Background: Laparoendoscopic single site surgery encourages the application of laparoscopic Nissen fundoplication by reducing the number of incisions, thereby improving cosmesis and possibly reducing pain and length of recovery.

Methods: Four 5-mm trocars were utilized in a multi-port trocar placed through a single 12-mm incision at the umbilicus. A 3-mm deflectable tip camera was used. The hiatal hernia was reduced and the sac excised. The distal esophagus was circumferentially dissected from its surrounding tissue, while both the anterior and posterior vagus nerves were preserved. The gastric fundus was mobilized by dividing the short gastric vessels, and the hiatus was reconstructed with interrupted sutures. The posterior fundus was then brought behind the esophagus, and the fundoplication was constructed utilizing 4 interrupted sutures. Once the fundoplication was completed, it was anchored to the right crus to avoid tension, which might promote unraveling of the wrap, and to prevent twisting of the lower esophagus. Finally, the 10-mm trocar site was closed with an absorbable suture placed in a single figure-of-eight fashion.

Conclusion: Laparoendoscopic single site surgery techniques can be used to construct Nissen fundoplications to control GERD without apparent scarring, and possibly less morbidity. Patients will embrace laparoendoscopic single site Nissen fundoplication; laparoscopic surgeons will need to meet patient demands.

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