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Clinical Experience with a Hands-Free Internal Liver Retractor in Laparoscopic Bariatric SurgeryHideharu Shimizu, MD, Tomasz Rogula, MD. Cleveland Clinic, OH

<Objective>

Endolift (Virtual ports, Richmond, VA) is a new liver retracting device. It is characterized by an internal and hands-free retractor, which does not require an additional port and anchoring to any external device that limits the patient's position and adds clutter to the operating table. It also enables us to get comparable or better exposure of the dorso-lateral portion of left liver lobe and thus the angle of His that is critical for most bariatric procedures, compared with the traditional liver retractors.

<Application>

The device is inserted through the existing 5 mm port. It lifts the left lobe of liver and fixes into the left crus of the diaphragm to expose the underlying upper part of stomach.

<Preliminary results>

We have used Endolift for 19 Laparoscopic Roux-en-Y gastric bypass (LRYGB), 1 revision (gastric banding to LRYGB), and 1 single incision laparoscopic sleeve gastrectomy (LSG). There were 15 female and 6 male with mean age of 48 (25-67) and mean BMI 44 (34-56). 7 cases (33.3 %) had adhesions around the stomach, and 3 cases (14.3 %) had gross hepatomegaly. The device retracted the left lobe of liver and exposed the stomach (angle of His) very well in all cases. Even in the patients with hepatomegaly or adhesions, a good laparoscopic view was obtained. No device related complications were observed during surgery and postoperatively. It required some learning experience, but was handled easily after a few cases. This hands-free device allowed us to focus on the task at hand. Reducing the number of incisions might result in a less invasive procedure, less postoperative pain, less scarring, and lower risk of infection. It also has a potential benefit for single incision laparoscopic surgery. Possible risks include the peritoneal trauma leading to pain and bleeding.

<Conclusions>

We have experienced 21 bariatric cases with Endolift. The Approach to the upper part of stomach was satisfactory with the great laparoscopic view of angle of His. The high safety was also confirmed. Although requiring some learning experience, it seems to be beneficial, specially in bariatric patients with poor exposure of the operating field.

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