

DR PAUL ENOCHS M.D., BARIATRIC SURGEON, NORTH CAROLINA, USA



Robotic Case: Revisional Sleeve Gastrectomy and Hiatal Hernia Repair using the LiVac® Retractor System

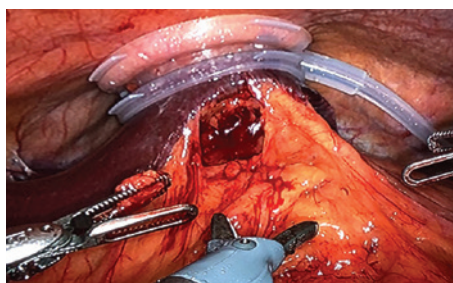


Figure 1 – The LiVac in position between the liver and the diaphragm for adhesion removal

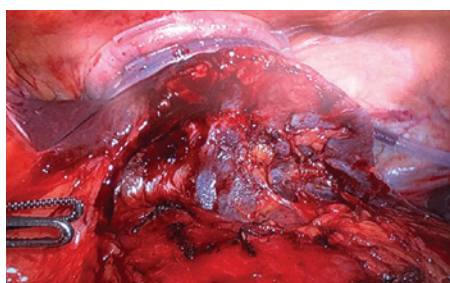


Figure 2 – The LiVac repositioned further back during adhesion removal

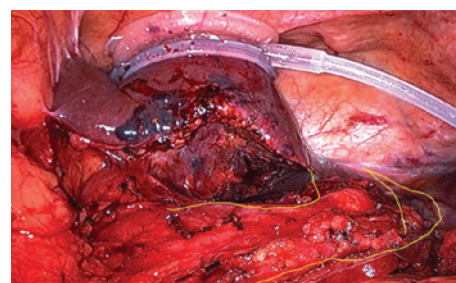


Figure 3 – Post-adhesion removal, LiVac repositioned for re-sleeve and hernia repair

Case Presentation

45-year-old female

BMI: 37

Roux-en-Y gastric bypass 15 years prior

Convert Roux-en-Y gastric bypass to sleeve 5 years prior for ulcers

History of reflux and challenges with eating

Hiatus hernia

Procedure

- Revisional Sleeve Gastrectomy
- Adhesionolysis
- Hiatal hernia repair

Set up

Liver retraction using a 56mm LiVac Retractor

In this case, the LiVac was chosen as it:

- Could easily be repositioned for left liver lobe retraction for adhesion removal, prior to conversion and hernia repair.

In this case, the LiVac Retractor system:

- Was continuously repositioned throughout the procedure, without the need for removal and reinsertion
- Retracted the liver from above enabling clear access for adhesion dissection
- Provided retraction of the liver outside the surgeon's field of view exposing the upper gastric area for the duration of the procedure
- Reduced overall procedure time
- Facilitated the overall procedure.

For more information on the LiVac Retractor system, please contact your representative or go to livac.com

Livac USA One Life Sciences, Inc. ("KURO"),
4976 Highway 169 N, Minneapolis MN 55428 USA
Contact +1 612 467 9186 or customerservice@livac-usa.com livac.com

Livac is a trade mark of Livac Pty Ltd

Da Vinci Xi ® is a registered trademark of Intuitive™

Livac®
Gentle Organ Retraction