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

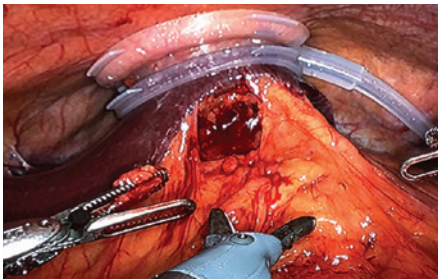


Figure 1 – The LiVac in position between the liver and the diaphragm for adhesion removal

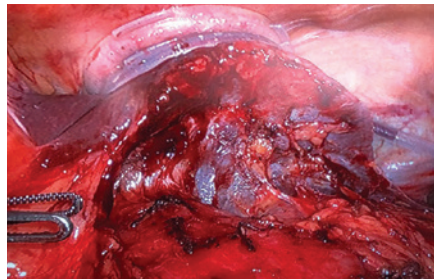


Figure 2 – The LiVac repositioned further back during adhesion removal

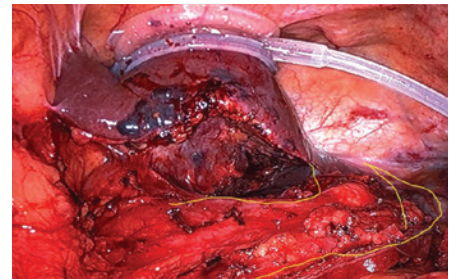


Figure 3 – Post-adhesion removal, LiVac repositioned for re-sleeve and hernia repair

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

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