

# The SAGES Manual of Strategic Decision Making

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## Case Studies in Minimal Access Surgery

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# Foreword

Minimal access, whenever feasible, in the performance of most general surgical procedures is now well established. However, many areas still need clarification. They range from indications and contraindications to the optimal route of access, as well as to choices to be made among the various procedures possible for any single surgical problem. This *Manual* is unique in that unlike most manuals it is not so much a “how to” but more a “when to,” the “how to” having been covered to a significant extent in the two previous SAGES manuals. This work takes a series of common clinical scenarios and offers various, detailed, often contrasting approaches, commonly but not exclusively minimal access, discussing indications, limitations, and potential complications.

In this age of evidence-based surgical practice, the reader will find it refreshing to have abundant data and references to support or reject a particular approach or technique. With a cadre of surgeon authors skilled in open as well as minimal access surgery, including flexible endoscopy, the student and practitioner of surgery is exposed to not only varying approaches to many common surgical conditions but also comes to appreciate how flexibility and integration of various approaches can improve the outcome for the patient.

The forty-six chapters can each constitute a stand-alone discussion. The format of each chapter is uniformly an introduction of the problem to be considered or question to be answered. This is followed by a case history, after which, in almost every instance two authors each declare his or her preference of approach and management, giving reasons and offering evidence, if it exists, and acknowledging lack of data if they are insufficient. Each chapter concludes with a summary discussion, bringing the reader up to date on the state of the art and making recommendations based on available data. Integration of ultrasound, MRI, PET scanning, and computed tomography is detailed when these modalities are employed for diagnosis or therapy as is the use of endoscopically deployed stenting for biliary tract and colonic obstructions.

Some topics, such as gastroesophageal reflux, complicated as they are and controversial as their management often is, require more than one chapter for adequate discussion, and the editor, Dr. Carol E.H. Scott-Conner, is to be congratulated for her orchestration of these subjects, addressed as they are by multiple authors with minimal repetition evident to the reader. The inclusion of chapters on enteral access and

nutrition, the discussions of management of complications of minimal access surgery, such bleeding and cystic duct stump leakage after laparoscopic cholecystectomy, opinions on when to convert to open operation are well treated. There is even detailed discussion of medical therapy when it is considered an appropriate alternative approach to a problem.

The contributing authors not only discuss differences in minimal access approaches but also address the integration of various methods of access (for example, flexible endoscopic combined with laparoscopic), various tools of dissection (hand, ultrasound, thermal) as well as varying techniques of specimen retrieval and extraction.

The surgeon involved in advanced laparoscopic surgery will find of special value the treatment of conditions that have been more recently managed by surgeons in specialties other than general surgery but, with overlapping training and practice, are increasingly performed by surgeons skilled in minimal access techniques.

While this work is labeled a “manual,” it is a veritable textbook, albeit not covering every imaginable aspect of minimal access surgery. It will provide guidance for those who are interested in putting into logical context the role of minimal access procedures in the management of diseases managed by surgeons rather than the sometimes unfortunate perception that the new and the old are in competition. While it does provide clear and detailed descriptions of some procedures, open, endoscopic, and combined, its greatest strength is in the new knowledge it summarizes and the results it shares.

These are changing times in the world of surgery. The face of surgery is changing and the face of those who perform surgery is changing. Many of these chapters may need revision as time passes, as instruments are retooled, new modalities introduced, and more results accumulated, but this work serves for the present as a practical guide and logical basis for which approach today’s surgeon should consider and why. Since minimal access will be the common practice of surgery when they graduate, this work should be read by all surgical residents. It will obviously appeal to fellows in advanced laparoscopic training programs, to teachers as well as practitioners of minimal access surgery and, hopefully, to surgical program directors and their faculty at large. It should also be of special interest to those surgeons who received their instruction in a previous generation and wish to know more of the substance and less of the hyperbole of minimal access surgery.

*Kenneth A. Forde, MD*  
New York, NY  
January 2008

# Preface

This book is all about choices and alternatives. Its purpose is to explore different approaches in minimal access surgery. The order of the chapters follows that of *The SAGES Manual: Fundamentals of Laparoscopy, Thoracoscopy, and GI Endoscopy*, beginning with the basic question of how to access the abdomen for laparoscopy and culminating with thoracoscopic sympathectomy. Trainees will find balanced presentations of two or more approaches, followed by concluding sections that weigh the evidence and give both references and selected readings. Practicing surgeons will find alternatives to their preferred approach in a situation—alternatives that we hope will expand their repertoire of techniques. Experts have been generous in sharing technical tips and pearls.

Readers of the SAGES Manual series gave us the idea for this book. They requested a “case studies” book that would explore the concepts of minimal access surgery through a series of actual clinical cases. SAGES responded by appointing an editorial advisory board, and together the members hammered out a list of topics that we felt, exemplified some of the issues on which experts disagree. Topics were chosen to span the spectrum of laparoscopic and endoscopic topics. For each topic, two viewpoints were identified. We did not attempt to cover every procedure in the SAGES manual, but rather selected clinical scenarios where we felt expert opinion diverged on management.

Then the fun began!

I was given the privilege of editing the book. Two Case Studies editors, Dr. Jose Torres and Dr. Nate Thepjatri, accumulated actual cases from the rich clinical material at the University of Iowa Hospitals and Clinics. Experts were recruited. I was rapidly reminded of the speed with which this field is developing and changing. In some areas, we identified more than two alternatives. In others, there was one overwhelmingly popular choice, and one that no one wanted to champion. I wrote a few of those orphan sections myself.

Many individuals deserve my profound thanks. I will name just a few here. A long list of authors were endlessly patient during a long editing process. Our residents and students, who contributed most of the cases, continue to inspire and teach all of us. Thanks go also to our editor, Paula Callaghan, who was endlessly patient with a highly fluid table of contents (reflecting changes in the field) through the process. The SAGES Editorial Advisory

Board consisted of Frederick Greene MD, Mark Talamini MD, and Tracey Arnell MD. My husband provided unwavering support. Finally, I wish to give thanks to SAGES, an organization that epitomizes surgeons working together to share and increase surgical knowledge.

*Carol E.H. Scott-Conner MD PhD*  
Iowa City, Iowa  
January 25, 2008

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