Use of self-locking knots in running intestinal bariatric sutures

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Abstract

Bariatric suturing is a complex part of most bariatric operations. Self-locking sliding knots and Aberdeen-De Cushieri knots are very important tools to facilitate suturing.

Introduction

Laparoscopic bariatric surgery, the making of various types of anastomosis is often complex. We present a standard way of realizing the knots that shortens the operative time using continuous running suture and self-locking sliding knots.

Objective

Our philosophy in complex laparoscopic bariatric surgery is to divide any hollow organs with staplers and make anastomosis always manually. We use six ports (Figure 1), only one of them 12 mm in right para-rectal and allows each of the three surgeons involved to do one of the three sutures manually.

Hand suturing is a complex maneuver that must be performed carefully, with appropriate instruments and provides security in the preparation and/or reinforcement of anastomosis and space closure, using monofilament sutures to reduce the cost and time of intervention and a correct preparation of the threads facilitate implementation.

Method

The scrub nurse makes a simple running noose [1,2] sliding knot (Figure 2), which passes into the abdomen and by simply pulling the thread the knot is made. For many years we have been using the self-sliding knot in all type of sutures, in all type of tissues, both in open closures of fascias and in surgery of hollow organs, open and laparoscopic, without any incident or failure.

The Aberdeen -De Cushieri knot [3], that we already present in the SECO-2004 Meeting Valladolid, ends all suture lines. They use running continuous sutures, either to reinforce staple lines or to perform complete anastomosis.

This Videos shows how both type of knots are made in the following conditions: 1) Over-suture of duodenal stump in the Duodenal Switch (LDS); 2) Over-suture of the staple-line in the Sleeve-forming gastrectomy (SFG), 3) Jejunum-jejunal anastomosis of the LDS; 4) duodenal-ileal anastomosis in the LDS and is also used to close the mesenteric defects.

1. https://www.youtube.com/watch?v=mh5gDPF5zhg

Figure 1. Situation of the ports.

Figure 2. Needle-holder with the knot already made.

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to initiate continuous running sutures and the use of the Aberdeen-De Cushier knot to finish them.

References