SPLENIC FLEXURE MOBILISATION WITH VASCULARISED OMENTAL PEDICLE

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AIMS

Splenic flexure mobilisation is one of the techniques to master by colorectal trainees. There are various available ways of performing this procedure; medial to lateral, lateral to medial and superior to inferior. Evidence suggests lateral to medial carries more procedure-specific complications.
We are presenting a novel and easy way to achieve safe mobilisation.

METHODS

Low anterior resection needs complete splenic flexure mobilisation to attain a tension-free anastomosis anatomically with adequate blood supply. Our method is to take down the IMV just below the pancreas and separate the transverse mesocolon from the pancreas. Gastrocolic omentum is separated below the gastro-epiploic arcade. The splenic flexure is mobilised with a vascularised omental pedicle without detaching it from the transverse colon.

RESULTS

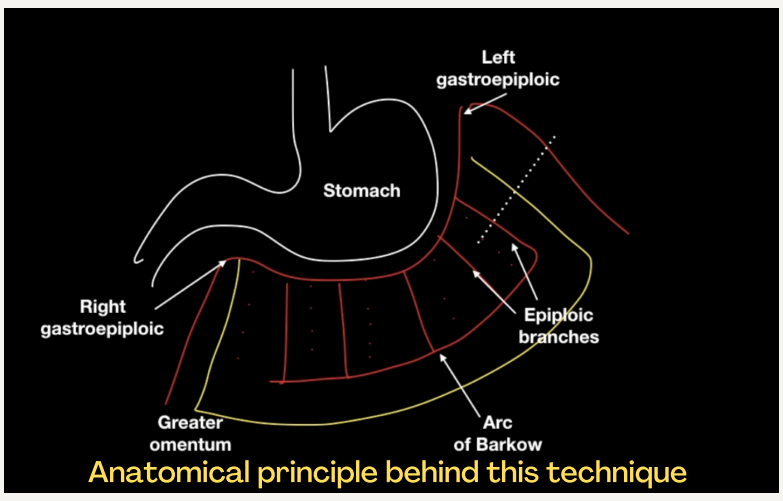
We have prospectively audited our last 100 low anterior resections with complete splenic flexure mobilisation and found an anastomotic leak rate of 4 per cent. None of our patients had any evidence of omental vascular insult. None of the patients were taken back for an internal hernia. This vascularized omental pedicle was also frequently used to pack the retro colic space.

CONCLUSION

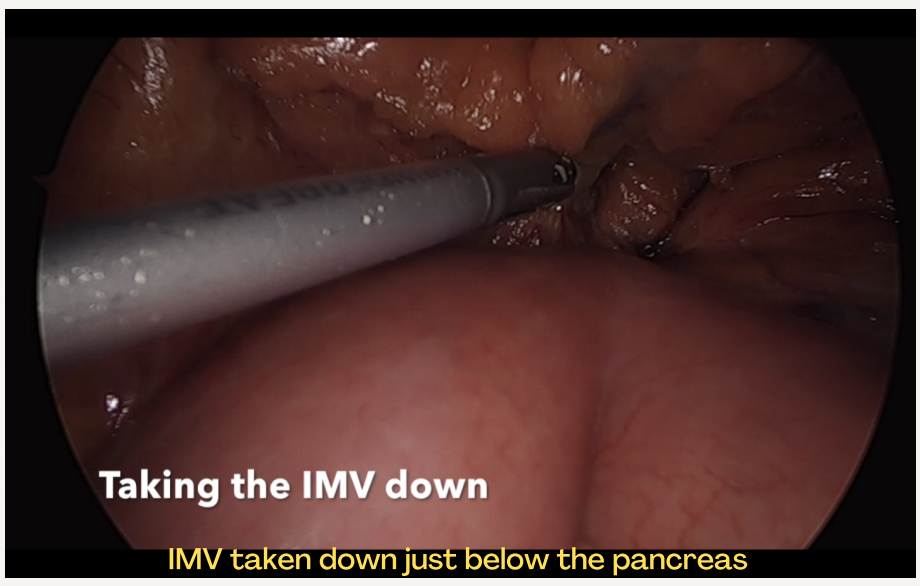
Mobilisation of the gastrocolic omentum with transverse colon gives easy access for splenic flexure mobilisation. Separating the omentum from the transverse colon can be tedious in obese patients with diverticular disease. This standardised way of performing splenic flexure mobilisation is quick and only needs slight head up and left side up tilt.

KEY STATEMENT

We recommend this method of splenic flexure mobilisation. This technique can be easily learned by the trainees. Omental pedicle can be used to cover the anastomosis and pack the retro colic space. Iatrogenic damage to transverse colon can be avoided by this method

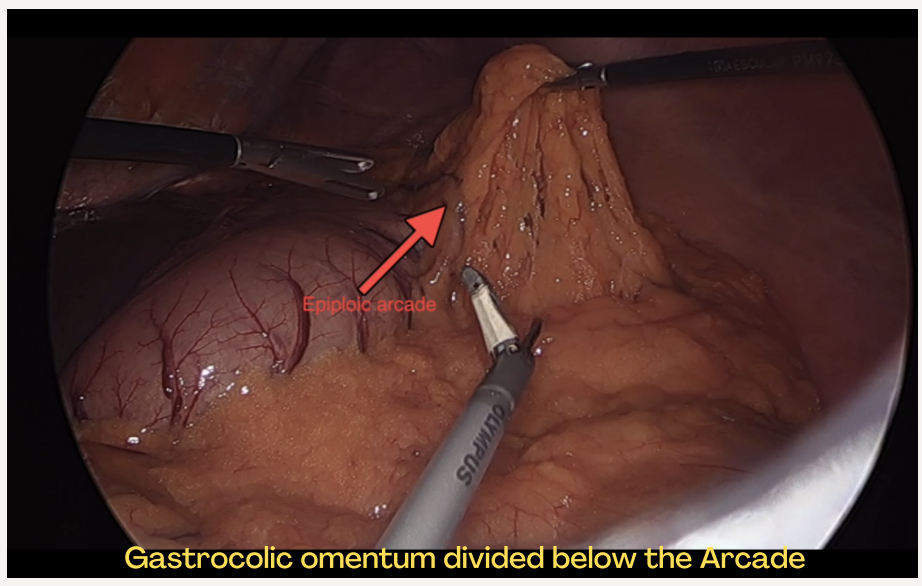


Anatomical principle behind this technique

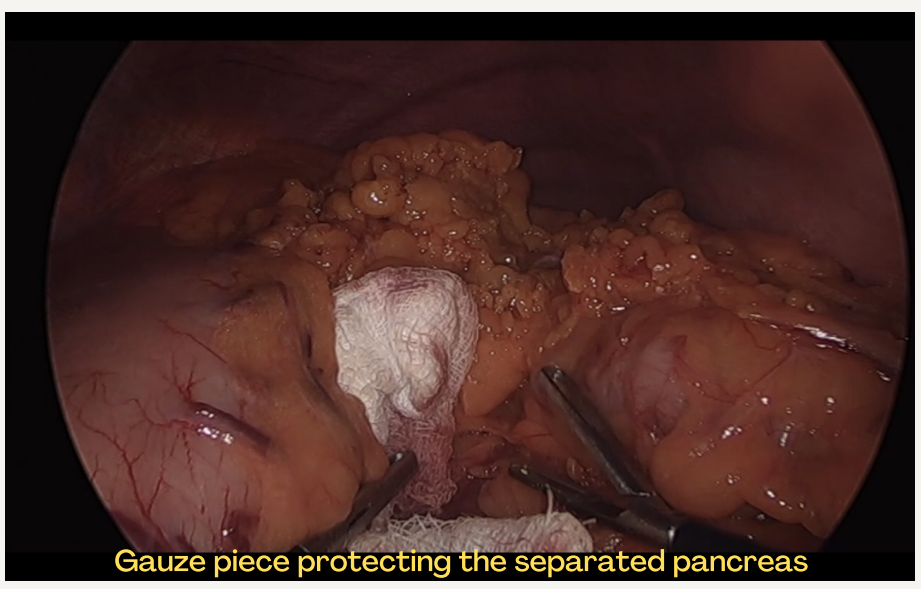


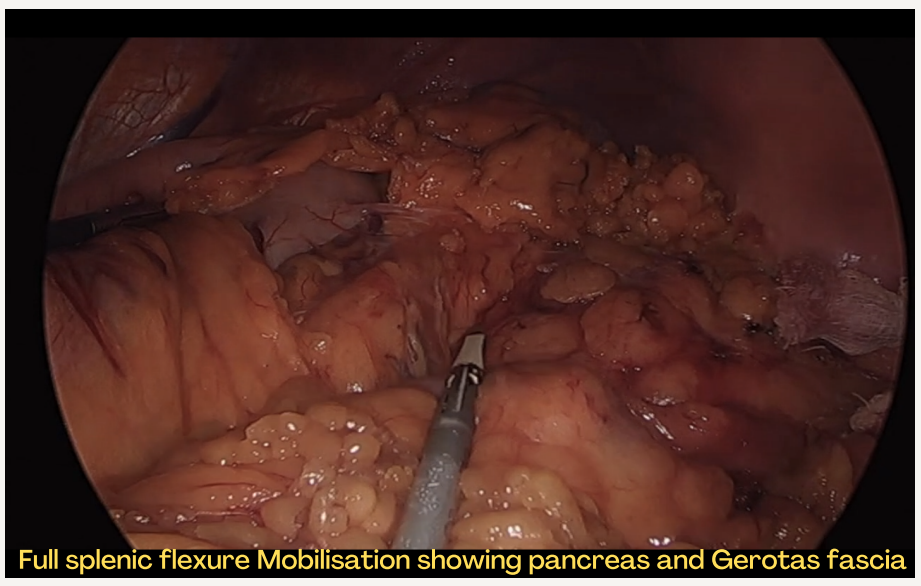
IMV taken down just below the pancreas

Transverse mesocolon completely separated from pancreas



Gastrocolic omentum divided below the Arcade


Gauze piece protecting the separated pancreas


Full splenic flexure Mobilisation showing pancreas and Gerotas fascia