Covidien Review: Clinical Paper
Covidien provides the following review of a publication involving the use of a radially expanding VersaStep™ trocar, in bariatric laparoscopic surgery.

**TITLE**
“VersaStep™ Trocar Hernia Rate in Unclosed Fascial Defects in Bariatric Patients”

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**JOURNAL**

**PURPOSE OF THE STUDY**
To determine the incidence of hernias at trocar sites using a radially expanding trocar, the VersaStep™, in bariatric Roux-en-Y gastric bypass (RYGB) laparoscopic surgery.

**METHODS**
Between January 2002 and April 2005, 747 consecutive patients underwent laparoscopic RYGB surgery for morbid obesity. All procedures were performed at the Duke University Weight Loss Surgery Center in Durham, NC. The data for incidence of trocar hernias was retrospectively reviewed. Patients who were converted to open procedure or died perioperatively were not included in the study. Follow-up included clinic visits at 3 weeks, 3, 6 and 12 months and annually thereafter.

All patients underwent placement of a Hasson supraumbilical port. Two 12-mm and three 5-mm VersaStep™ trocars were used per operation. Upon completion of the procedure, the Hasson supraumbilical port defect was closed with a single figure-of-eight number 1 Polysorb suture. When VersaStep™ trocars were removed, the skin was closed with cyanoacrylate glue.

**RESULTS**
- There were a total of 3735 (1494 12-mm and 2241 5-mm) radially expanding trocar sites.
- There was a 0% incidence of trocar site hernias at mean 20 month follow-up.
- There were 9 incidences of hernias at the Hasson supraumbilical port site (1.20% incidence rate)
- There were no symptoms of bowel obstruction as a result of the hernias.
- Average time for Hasson supraumbilical port site to be identified was 7.7 months after surgery.
- 96% of patients completed 12-month follow-up and 62% completed 2-year follow-up.

**CONCLUSION**
For this study, the use of the radially expanding VersaStep™ trocars in bariatric surgery resulted in an incidence rate of 0% of hernias. Using these trocars also reduces operative time and expenses since a closure device or other suture method is not required after trocar removal.

**This concludes the clinical synopsis of this publication**