A SURGEON’S EXPERIENCE: SIGMOIDECTOMY

Professor Stephen Smith is a colorectal surgeon at John Hunter Hospital and the University of Newcastle in New South Wales, Australia. He is the Network Director of Surgical Training for Hunter New England Health and has been a travelling fellow for the Royal Australasian College of Surgeons.

Dr. Smith has used the LigaSure™ retractable L-hook sealer/divider for two years. Prior to that, he used the Sonicision™ cordless ultrasonic dissection device and/or harmonic scalpel. Here he describes his experience using the device in sigmoidectomies.†

The LigaSure™ L-hook device delivers the reliable performance of LigaSure™ technology and the functionality of five instruments in a single device1:

- Monopolar dissection
- LigaSure™ vessel-sealing technology
- Atraumatic grasping
- Maryland-style blunt dissection
- Cold cutting

†Dr. Smith shared his experiences with the LigaSure™ L-hook device after using it in approximately 100 cases. He was interviewed on May 13, 2019.
Dr. Smith shares how the LigaSure™ L-hook device meets some of the challenges he faces in colorectal procedures

Effective dissection
“Once I get up to the rectal wall, the LigaSure™ L-hook device is just fantastic because I don’t think it gets hot like other dissectors.

I will use it then as a dissector between the serosa of the bowel wall and the rectal mesentery. As I dissect away, I’ll separate the mesenteric tissue from the bowel. Then I can easily divide that mesenteric tissue with the LigaSure™ jaws.

Alternatively, I can just use the LigaSure™ retractable L-hook device if I’m in tissue with no vessels. I can get right up onto the wall and neatly — without changing any instruments at all — dissect all the mesentery off the rectal wall.”

Low thermal profile
“The biggest impact for me using the LigaSure™ device in sigmoidectomies has been around the inferior mesenteric artery, across the mesentery, and at the splenic flexure. At the splenic flexure, the multifunctionality saves the need to transfer energy devices and I think it reduces potential for thermal injury.

Around the inferior mesenteric artery, the device helps me preserve the autonomic nerve structures. Through the rectal mesentery, it enables me to safely get through all the mesenteric vessels without causing thermal injury to the rectal serosa.”

Working around critical structures
“I use a lateral to medial approach in sigmoidectomies because that’s how I was taught. I feel a lot more comfortable identifying the ureter with that approach. I think this is where the LigaSure™ L-hook device comes into its own.

I can use it to dissect the natural adhesions between the sigmoid colon and the abdominal wall nicely without fear of causing thermal damage to the ureter.

If you go straight for the LigaSure™ jaws or use ultrasonic energy, you have to either grasp tissues or use the backhand side of the blade. Doing it that way, you have a little bit less control than the LigaSure™ L-hook device where you can pull it away from the ureter.”
Dr. Smith discusses the advantages of having access to five instruments in one LigaSure™ L-hook device

**Fewer Instrument Exchanges**

“With the LigaSure™ L-Hook device you can swap and change functionality quite easily and rapidly without exchanging instrumentation. It’s a real advantage to have the ability to change from diathermic to advanced energy with the flick of a switch — without removing the instrument from the port. It helps reduce the potential to cause a sharp injury or a thermal injury to the small bowels.”

**Multifunctional Efficiency**

“The bowel starts to get more distended during a three or four hour sigmoidectomy. The patient is head up or head down, and the port for the energy device is always the dependent port. Plus, there’s small bowel sitting right on top of it. So, at the end of three or four hours, there can be a tendency to rush a device in and out of the port. And that’s when you risk inadvertent small gut damage.

Since the LigaSure™ L-hook device is a single instrument, it can stay in a lot longer without that need for rushed instrument exchanges. I think that’s an added safety factor.”

**More Than a Sealer/Dissector**

“I’ll often use the scissors without any energy. Especially to get in the plane between the omentum and the transverse colon. I don’t want to use energy there because I’m right on the colon.

I like how the scissor blade on the LigaSure™ L-hook device doesn’t go all the way to the tip. So you know you’re not going to go across bowel when you can see the tip.

I’ve used the scissors to divide adhesions to the abdominal wall without any energy as well. Then, if I see anything bleeding after it goes away from the abdominal wall, I’ll grab it with the LigaSure™ jaws and use some energy.”
Dr. Smith discusses switching from ultrasonic devices to the LigaSure™ L-hook device in colorectal procedures

First Impressions
“I liked the LigaSure™ L-hook device from the outset. But it’s not much to do with me. The device is good. I wouldn’t say it if I didn’t like it. Even my students say they love it. It’s easy to teach.”

A Good Fit
“The LigaSure™ L-hook device is good ergonomically. I have pretty bad hands. I’ve had either fractures or dislocations in 8 fingers, but it’s the one device I’ve used that felt right at home straightaway.”

Efficient by Design
“I guess the biggest argument for the LigaSure™ L-hook device is the lack of needing to change instruments. With reduced instrument exchanges, I can’t see how ultrasonic devices could be quicker.”

Let’s bring the future of surgery to your OR. Contact your sales rep to find out how we can transform colorectal surgery — and the surgeon experience — together.

Click or scan to see our clinical solutions