ABSTRACT

The case concerns a 65-year old male with acute abdomen who had had severe generalized abdominal pain with cardiovascular disease. Extensive small bowel resection, right hemicolectomy and jejuno-transversostomy were performed for mesenterial infarction with laparotomy. On the postoperative first day, second-look laparoscopy was performed under local anaesthesia.

Key Words: Laparoscopy - Mesenteric vascular occlusion local anaesthesia

INTRODUCTION

A second - look operation is usually indicated when an embolectomy or bowel resection has to be performed on patients with mesenteric vascular occlusion. Laparoscopy for postoperative follow-up in mesenterial infarction of a patient with mesenteric vascular occlusion represents an important tool for avoiding second-look operations and/or for precisely securing the indication for a relaparotomy. A second - look laparoscopy was performed on a patient with mesenteric vascular occlusion (under local anaesthesia) on the postoperative first day after an extensive small bowel and right colon resection.

CASE REPORT

A 65-year old male with acute abdomen who had had severe generalized abdominal pain with cardiovascular disease was admitted to the hospital. Generalized bowel ischemia was diagnosed at laparoscopy. Extensive small bowel resection and right hemicolectomy were performed for mesenterial infarction with laparotomy. On the postoperative first day, diagnostic laparoscopy was performed under local anaesthesia. Fascial suture was not tightened at the level of the umbilicus after the first operation (Fig. 1). After the infiltration of a local anaesthetic (1% lidocaine + 0.5 bupivacaine, sodium bicarbonate 1mEq per 10 mL of lidocaine) the fascial adges were lifted with two clamps (Fig. 2) and a 10 mm trocar with grip was inserted and fixed. Following insufflation of CO2 through the trocar, it was possible to explore the retained small bowel, left colon and jejuno-colonic anastomosis at 8 mmHg pressure. There was no problem on his bowel and anastomotic side on laparoscopy. Operating time was 30 minutes. There was no morbidity. The
patient was discharged on the 14th day. There was no complication in the 15 month follow up period.

**DISCUSSION**

The second - look laparotomy is not always routinely performed after mesenterial infarction because of the high operative risk in aged patients and those with cardiovascular disease (1, 2).

We developed a minimally invasive technique for the second - look laparoscopy with the aim of decreasing the operative morbidity and mortality with the patient under local anaesthesia. This technique has a lot of advantages when compared to laparotomy (Table 1) (3, 4).

We concluded that the second - look laparoscopy can be used to replace laparatomy if done under local anaesthesia.

**Fig.1.** Fascial suture was not tightened at the level of the umbilicus on laparotomy.

**Fig.2.** Fascial edges are lifted with two clamps before the insertion of a trocar.

**Table I.** Advantages of laparoscopy on second-look.

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<th>Advantage</th>
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<tr>
<td>Local anaesthesia</td>
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<td>Simple procedure</td>
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<td>With one or no assistant</td>
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**REFERENCES**


