

# GENERAL INTRAOPERATIVE PRINCIPLES

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Many minimal access procedures have a unique set of procedural steps that may often be in a distinctly different sequence from those of the open alternative. Methods for creating a pneumoperitoneum are described in Chapter 7. Preoperative evaluation is necessary to assess the type and location of surgical scars and potential for perivisceral adhesions. In the setting of redo surgery, trocar insertion may be complex and should be performed by an open approach with direct visualisation on entry to the body cavity (abdomen - gertip helps to ascertain penetration into the body cavity and allows adhesions to be gently removed from the entry site. The endoscopic camera may be used as a blunt dissector to tease adhesions gently away and form a tunnel towards the quadrant where the operation is to take place. With experience, the surgeon learns to differentiate visually between thick adhesions that should be avoided and thin adhesions that would lead to a window into a free area. In obese patients the location of some of the ports may need to be modified and, in some instances, larger and longer instruments may be necessary. It is important to recognise this preoperatively to ensure that adequate measures are put in place to ensure safe and efficient surgery when the patient arrives. It is also important to consider the weight and dimension restrictions of the operating table. In some cases, specialist operating tables will be required ( Chapter 68 ).

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