



## Splenic flexure mobilisation with vascularised omental pedicle

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### Abstract:

Introduction:

AIMS

Splenic flexure mobilisation is the last and difficult step to master by a colorectal trainee. There are various ways of doing this procedure like medial to lateral, lateral to medial and superior to inferior. Lateral to medial carries more procedure-specific complications. We are presenting a novel and easy way.

METHODS

Low anterior resection needs a complete splenic flexure mobilisation to attain a tension-free anastomosis anatomically and prevent tension during mass peristalsis physiologically. Our method is to take down the IMV just below the pancreas. Separate the transverse mesocolon from the pancreas. Gastrocolic omentum is separated below the epiploic arcade. The splenic flexure is mobilised with 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 a leak rate of 4 per cent. None of our patients had any omental vascular insult. None of the patients were taken back for an internal hernia. This vascularized omental pedicle is used to pack the retro colic space too.



CONCLUSION

Mobilisation of the gastrocolic omentum with splenic flexure 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 need only slight head up and right 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

### Biography

Rajesh T. Kochupapy Works in University Hospitals of Plymouth , UK

[Webinar on Surgery; Berlin, Germany; November 19, 2020](#)

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