

單手協助下之腹腔鏡腎臟輸尿管切除術及迴腸迴路重建

術：病例報告

Hand-assisted Laparoscopic Nephroureterectomy and ileal conduit :Case Report

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摘要

此為以單手協助下之腹腔鏡腎臟輸尿管切除術及迴腸迴路重建術，成功治療一位放射線性膀胱炎併膀胱陰道瘻管及左無功能腎的女性患者之病例報告。依賴 pneumo-occlusive device 的幫助下，建立氣腹術。手術的非主要手（non-dominant hand）經 pneumo-occlusive device 進入腹腔來協助手術之進行。術中因有手的協助，使得手術者之空間感及觸感一如開腹手術時之靈巧。左腎切除後，標本經由 pneumo-occlusive device 之切口完整取出。之後，右輸尿管迴腸吻合術，小腸再接通術，可直接藉由此傷口在病人體外施行，如此可巧妙地克服腹腔鏡手術中體內縫合及打結的難處。手術最後，迴腸迴路造口於右下腹部。術後，病人復原情形十分良好，成功地展出單手協助下之腹腔鏡手術對病人的助益。

Abstract

A combined hand-assisted laparoscopic nephroureterectomy with concomitant ileal conduit reconstruction was successfully carried out to treat a female patient with irradiation-induced cystitis complicated with vesicovaginal fistula and a non-functioning left kidney. Pneumoperitoneum was established and maintained with the help of a pneumo-occlusive device. The non-dominant hand of the operator was introduced into the abdomen via the hand port to assist with the procedures. The tactile sensation and spatial orientation were restored like when performing open procedures. A large specimen of the left kidney was easily removed from the wound of the pneumo-occlusive device. The tedious procedures such as harvesting of the terminal ileum segment, restoration of intestinal continuity, and ureterointestinal anastomoses were carried out extracorporeally via the wound of the pneumo-occlusive device with an open method. The inherent

difficulties of laparoscopic suturing and knotting were subtly overcome. At the termination of the procedures, a stoma of the conduit was created at the right lower abdomen. The postoperative course was uneventful. The benefit of hand-assisted laparoscopic surgery is fully demonstrated in this patient.