



Abdominoplasti Esnasında Laparoskopik Kolesistektomi: Olgu Sunumu

Laparoscopic Cholecystectomy During Abdominoplasty: A Case Report

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ABSTRACT

Introduction: We aimed to present the phenomenon of laparoscopic cholecystectomy and abdominoplasty which we diagnosed at the same period the abdominal laxation, diastase of rectum and cholelithiasis without leaving any trocar entrance mark.

Case: A 58 year old female patient has consulted to the polyclinic of plastic surgery due to prolapsus on the abdominal region. Gall bladder multiplestones were ascertained through abdominal ultrasonography. On request and to provide minimal cosmetic failure to the patient, cholecystectomy and abdominoplasty is performed at the same session.

Discussion: Patients with abdominal pathologies that may occur after operations requiring surgery such as abdominoplasty very serious impact on cosmetics. Concordantly, we strongly suggest to take abdominal USG, even if there is no additional complaints especially before the plastic surgery operations and abdominoplasty, for ascertain the existent pathologies.

Key Words: Abdominoplasty, Laparoscopy, Cholecystectomy.

ÖZET

Giriş: Abdominal gevşeklik, rektus diastazi ve kolelitiyazis tanısı koyup aynı seansta trokar giriş yeri izi olmadan yapmış olduğumuz laparoskopik kolesistektomi ve abdominoplasti olgusunu sunmayı amaçladık.

Olgu: 58 yaşında kadın hasta karında sarkma nedeniyle plastik cerrahi polikliniğine müracaat etti. Hastaya diastazis rekti tanısı kondu. Patolojinin düzeltilmesi amacı ile hastaya diastazis rekti tamiri ile birlikte abdominoplasti önerildi. Aynı zamanda mide bulantısı, yemeklerden sonra şişkinlik, sırt ağrısı şikayetlerinin de olması üzerine genel cerrahi konsültasyonu istendi. Yapılan batin ultrasonografisinde safra kesesinde en büyüğü 15 mm olan multipl kalküller saptandı. Aynı seansta kolesistektomi ve abdominoplasti planlandı. Ameliyat sonrası takiplerde komplikasyon gelişmeyen hasta postoperatif 4. Günde şifa ile taburcu edildi.

Tartışma: Abdominoplasti gibi operasyonlar sonrasında batında oluşabilecek cerrahi gerektiren patolojiler hasta kozmetiğini çok ciddi derecede etkileyebilecektir. Bu açıdan abdominoplasti planlanan hastalarda ek şikayetler varsa ilave konsültasyon ve tetkikler istenmelidir.

Anahtar Kelimeler: Laparoskopi, kolesistektomi, abdominoplasti, kozmezis

INTRODUCTION

Abdominoplasty; which is used even during 1900s', is modified in various ways and especially created several modifications merged with liposuction¹. This process is mostly applied to women for hanging over and growing on front parts such as stria on skin, muscle rectus diastases². The excessive numbers of unexpected complications such as seroma, nekroz on wound, epigastric ve suprapubic scar, led the surgeons to find out the best cosmetics and maximum patient comfort via modifications and additional procedures on the methodology .

The gallstones are one of the most frequently seen pathologies of the gallbladder. Nowadays, Laparoscopic cholecystectomy is the most frequently used surgical operation³. This method followed by the surgeons easy who are completed their education and practise for a long time due to the mainly advantages of it like the less postoperatif pain, early mobilization of the patients, minimum surgical trail/print creates common interest and one experimented on it widely. Moreover, this minimum surgical trail/print has been accepted by patients largely, and it made surgeons gain variety of imagination and a depth of work such as 'Bikini line', 'Single port', 'NOTES' (Natural Office Transluminal Endoscopic Surgery)^{4,5,6}.

We aimed to present the phenomenon of laparoscopic cholecystectomy and abdominoplasty which we diagnosed at the same period the abdominal laxation, diastases of muscle recti and cholelithiasis that we think in the literature the first samples without leaving any trocar entrance mark.

CASE REPORT

A 58 year old female patient has consulted to the polyclinic of plastic surgery due to prolapsus on the abdominal region. The patient is diagnosed of muscle rectus diastases. It is adviced to the patient the abdominoplasty with rehabilitation of

diastasis of muscle recti for recovering the patology. General consultation is asked by virtue of complaints of nause, bloating after meals and dorsalgia. The physical symptoms of the patient were normal but diastases recti. The biochemical parameters were not aberant. Gall bladder multiplestones, the largest one is 15 mm in-lenght, were ascertained through abdominal ultrasonography. On request and to provide minimal cosmetic failure to the patient, cholecystectomy and abdominoplasty is planned at the same session.

The Patient has been taken to the operation following the preoperative preparation. Skin incisions which about 1 cm over the umblicus and above the pubic tubercle continuing transvers, terminated in both iliacs front-spin were made. The external oblique fascia to the level of abdominal incision in the skin flaps were prepared and front flap laterally through the rectus fascia was detached. Umbilicus has been seperated from the skin. Skin flaps extended up to xiphoid (Figure-1). At this stage, laparoscopic cholecystectomy was passed to. Aproximately 1 cm below and 5 cm above the navel, including 2 of 10 mm, the right anterior axillary line to the ligament of the hub for a total three pieces of 5 mm trocar was inserted. (Figure-2). With identifying the cystic duct and artery, were clipped cut through the conventional three port laparoscopic cholecystectomy was performed by taking the bladder out was skipped again to abdominoplasty (Figure-3). Fascial plication was made by excising excess skin flaps, belly place was prepared and fixed in to the to the skin. By placing suction drains on the fascia subcutaneous, skin defects were closed and abdominoplasty procedure was completed in.

The postoperative follow-up without any complication The patient was discharged from hospital after her fourth day of operation. The patient subsequently improved clinical complaints and cosmetic results were satisfactory.



Figure 1. Skin flaps extend up to xiphoid.



Figure 2. Process of Laparoscopic Cholecystectomy.



Figure 3. Removed of Gallblader

DISCUSSION

Patient satisfaction and the elimination of the most important step in the absence of anxiety is that the aesthetic. The first questions often asked after surgery is "How many stitches did you hit the doctor?" or "Will the scar , the Doctor?". Being in the shape of is a clear indication of that. As with most patients, in our patient cosmetic concern is at the forefront.

Today In parallel with developments in surgery the understanding of aesthetics enlarged and became more asked by patients. Especially Aesthetic concern due to the operations came to the fore. Therefore, surgeons has tried to eliminate concerns for the aesthetic and less scar and progress have shifted in that direction⁷. So even a small scar which formed In Laparoscopic operations has become conspicuous, and accordingly effort has emerged to join with the other surgical procedures. Some surgical procedures started to be used in the same session

and tried to make attempts to complement each other in function to aesthetic⁸.

One mostly conducted lower urinary tract operations together with abdominoplasty. There are so many studies in the literature regarding this issue. By making frequently exstrophy Written document repair and abdominoplastiler at the same time more successful results were obtained in aesthetic and functional sense^{9,10}.

In addition to the procedure kozmezise today have many advantages because of the widely used⁷. However, even the cosmetic concern of these processes may occur in spite of a very small incisions. For this reason, tried to develop new methods^{7,8,9}.

SILS, which creates patient satisfaction in terms of cosmetics, is firstly performed by Navarra and his colleagues in 1997¹¹. But it was in 2007, when they became acceptable and published articles about them. The high education curve, high costs and the difficulty of the procurement of equipments are amongst the reason of it^{12,13}.

The transvaginal type of the NOTES method is commonly used. Especially as this method is popular amongst the patients. There are some disadvantages of this method, such as the trauma on the pelvis tissues, the dispareni due to adherent, pelvic infections^{14,15}. However, Tsin and his fellows stated that they did not discovered such complications in their cases^{16,17}.

As it is seen, although it has some disadvantages such as additional complications, the surplus of the costs and expenses, difficulty of the operation, excessive equipment requirements etc, the esthetic is indispensable.

Patients with abdominal pathologies that may occur after operations requiring surgery such as abdominoplasty very serious impact on cosmetics. It is not possible to predict, but we have attained through the use of forensic techniques to the detection of some of the possible. As in our case, patients must be examined with additional complaints. Abdominoplasty, even during the open surgical pathologies can not be treated laparoscopically by creating a good cosmetic result.

Concordantly, we strongly suggest to take abdominal USG, which is noninvasive, economic and practical, even if there is no additional complaints especially before the plastic surgery operations and abdominoplasty, for ascertain the existent pathologies. Intraabdominal pathologies can be easily threatened during the abdominoplasty operations with regard to cosmetics.

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