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Clinical Image

Self-Locking Sliding Knots in Laparoscopic Bariatric Sutures

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Clinical Image

- Staple suture line reinforcement can be made with different materials. A continuous inverting suture of the entire suture-line, including the omentum, is the best.
- We use a 12 mm intragastric tube as a guide, and de vascularize all the major curvature vessels, passing from the esophageal –gastric junction to distal to the pylorus at the duodenal junction.
- We start the gastrectomy from the pylorus with sequential staplers up to the esophago-gastric junction and routinely try to prevent bleeding and leakage at the staple line with suture reinforcement that includes omentum and the posterior and anterior gastric walls along the entire length of the gastric staple line. The goal of using the already divided omentum along with the suture line is to prevent rotation of the gastric tube.
- Making knots in this upper part of the gastric tube is not a particularly easy task in the morbidly obese. The instrumental nurse creates a sliding knot at the end of the 3/0 polypropylene suture, with a double extracorporeal loops, thus avoiding the needfor an intra-corporeal knot.
- The surgeon clamps and holds the thread very close to the needle with his left hand and introduces it into the abdomen by a 10 mm trocar. Once in the abdomen, he holds the needle with the needle holder in his right hand and starts the suture of both gastric walls. By pulling on the already knotted thread, the first knot is completed and makes the procedure quick and easy, without having to knot in the abdomen.
- The suture of the staple line is continued halfway to ends with the application of the Aberdeen knot at the end of the half-sutured line. A second similar maneuver starts in the middle of the staple line and ends in the pylorus.

The aim of using this sliding self-locking knot at the beginning of the suture line is to avoid intracorporeal knotting. Aberdeen type knots are also very simple and have the same sliding effect. In this way, no further intra-corporeal knots are necessary.

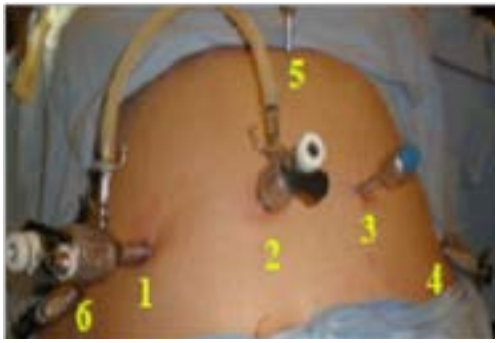

Figure 1: The suture is introduced by Port 1

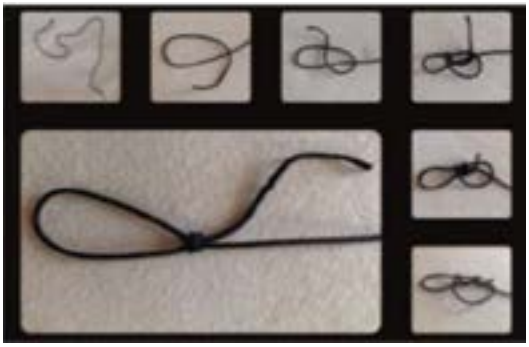

Figure 2: The scrubnurse makes the sliding knot

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Figure 3: The suture is grasp with the needle-holder very close to the needle

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