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2. Record Nr.	UNINA9910337491703321
Titolo	Colorectal Surgery Consultation : Tips and Tricks for the Management of Operative Challenges / / edited by Sang W. Lee, Scott R. Steele, Daniel L. Feingold, Howard M. Ross, David E. Rivadeneira
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Note generali	Includes index.

## Nota di contenuto

How to Avoid Getting into Difficult Operative Situations -- Principles in Approaching Difficult Operative Situations -- Extensive Intraabdominal Adhesions -- Intraoperative Injury to Small or Large bowel -- Injury to the Rectum During Pelvic Surgery -- Appendectomy Pathology Report Returns Adenocarcinoma, Carcinoid or Appendiceal Mucinous Neoplasm -- Unexpected Findings: Normal Appendix During Appendectomy -- During Sigmoid Resection for Diverticulitis the Patient is Found to have Diffuse Diverticulosis -- Intraoperatively the Patient is Found Incidentally to have Colon or Small Bowel Inflammation -- Unexpected Findings: Intraoperatively Suspected Colon Cancer Turns Out to be Rectal Cancer -- Unexpected Findings: Can't Find the Colon Lesion -- Unexpected Findings: The "Malignant Polyp" -- Unexpected Findings: Positive Air Leak -- Unexpected Findings: Anastomotic "Donut" Problems: Incomplete or Missing Donuts with a Negative Leak Test -- Unexpected Findings: Locally Advanced Colon Cancer -- Difficult to Close Abdomen -- Difficult Splenic Flexure Take Down -- Hartmann Takedown: Managing the Hard to Reach or Devascularized Left Colon -- Cannot Find the Rectal Stump During Hartmann Reversal -- Perforated the Rectal Stump while Passing an EEA Stapler -- Inability to Pass EEA Stapler -- The J Pouch Does Not Reach -- Intraperative Management of Bleeding at Stapled Side-to-Side Anastomosis -- Postoperative End-to-End Anastomotic Bleeding -- Postoperative Anastomotic Leak After Low Anterior Resection -- Colon Does Not Reach for a Coloanal Anastomosis -- Cannot Find Internal Opening of Fistula-in-Ano -- How to Deal with Crohn's Friable and Fragile Mesentery -- Ulcerative Colitis with Severe Inflammation and Friable Tissues. How to Avoid Intra-operative Perforation and Manage the Colorectal Stump -- Patient Develops Anastomotic Stricture After Low Anastomosis with Diverting Ileostomy -- Presacral Bleeding -- Cannot Extract the Circular Stapler -- General Technical Recommendations for Difficult Laparoscopic Cases -- Dislodged Laparoscopic Cannulas -- How to Keep the Small Bowel from Getting in the Way of a Laparoscopic Operation -- Laparoscopic Suturing -- Re-look After Laparoscopic Resection -- Retraction of a "Floppy Uterus" Encountered During Minimally Invasive Rectal Resection -- Bleeding During Colectomy -- Cannot Find the Ureter -- Ileum Becomes Ischemic Due to Torsion During J Pouch Creation -- Difficult Laparoscopic Rectal Dissection -- Techniques for Laparoscopic Distal Rectal Stapled Transection -- How to Avoid "Twisting" an Ileocolic or Ileorectal Anastomosis -- How to Deal with Splenic Injury During Laparoscopic Flexure Mobilization -- Entering the Reoperative Hostile Abdomen Laparoscopically -- Manage Inferior Epigastric Bleeding -- Hard to Reach Colostomy/Ileostomy -- Stoma Prolapse -- Ileostomy Retracts Below the Skin -- Difficulties with the stapled hemorrhoidectomy procedure -- Symptomatic Long Residual Rectal Cuff Status Post J Pouch -- Difficult Anterior Perineal Dissection During Abdominoperineal Resection -- Anastomotic Sinus After Low Anterior Resection and Diverting Loop Ileostomy -- Cannot Pass the Scope Into the Cecum -- Difficult to Remove Polyp -- Bleeding After Colonoscopic Polypectomy -- The Thin Colon After Endoscopic Mucosal Resection -- Cannot Remove the Snare During Colonoscopy -- How to Address a Polyp Involving the Appendiceal Orifice -- Medico-legal Issues in Minimally Invasive Colon and Rectal Surgery: A Primer.

## Sommario/riassunto

This book provides clear surgical options when the cases are not "routine". It follows both a "how to" manual as well as an algorithm-based guide to allow the reader to understand the thought process behind the proposed treatment strategy. In each chapter, international experts address how to avoid being in tough surgical situations through preoperative planning, how to better deal with commonly

encountered intra-operative findings, how to deal with difficult laparoscopic, open, endoscopic, and anorectal cases, and how to avoid medico-legal issues. Colorectal Surgery Consultation is simple and succinct and provides pragmatic advice and reproducible techniques that can be readily implemented by surgeons of varying experience to successfully treat complex colorectal problems through endoscopic and endoluminal approaches that may make the difference in patient outcomes.

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