

Title: Laparoscopic reversal of Hartmann's procedure

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Introduction:

Hartmann's reversal after Hartmann's procedure is considered to be a demanding surgical procedure due to dissection of severe adhesions around anastomosis of stump. There are few reports and no consensus of laparoscopic surgery for Hartmann's reversal. In our department, laparoscopic surgery is the first choice for Hartmann's reversal, and good results have been obtained. We report the results of Hartmann's reversal including the surgical technique.

Conclusion:

Laparoscopic reversal of Hartmann's procedure is completed laparoscopically in all cases. Minimal dissection of adhesion is important to avoid serious complications.

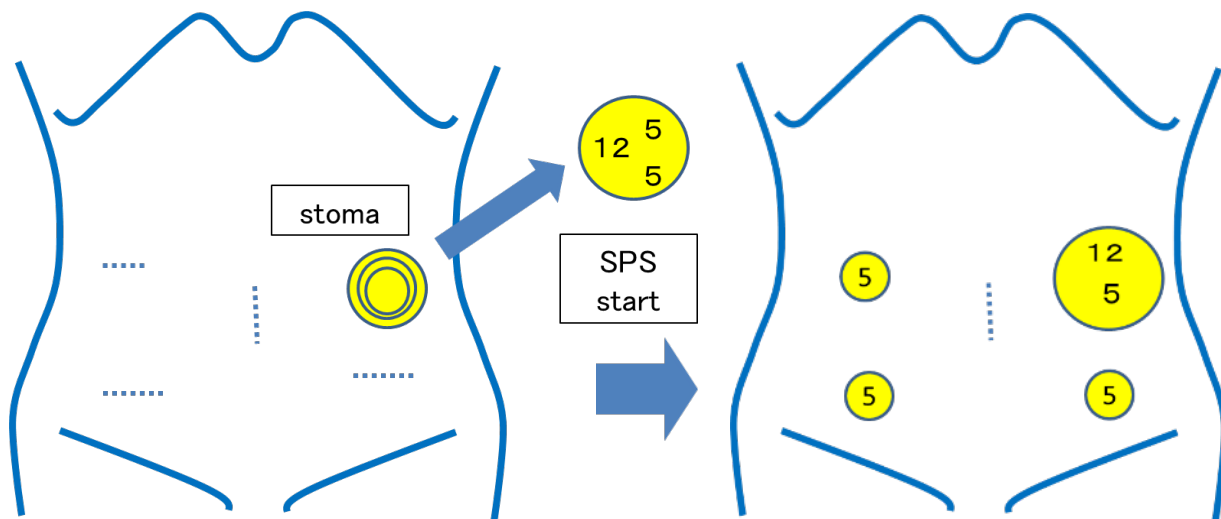
Concept:

Avoid complications related to dissection of adhesion.

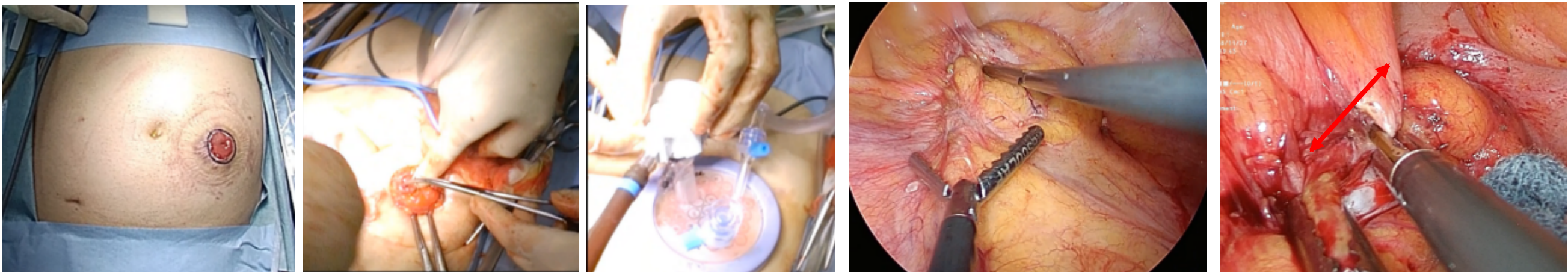
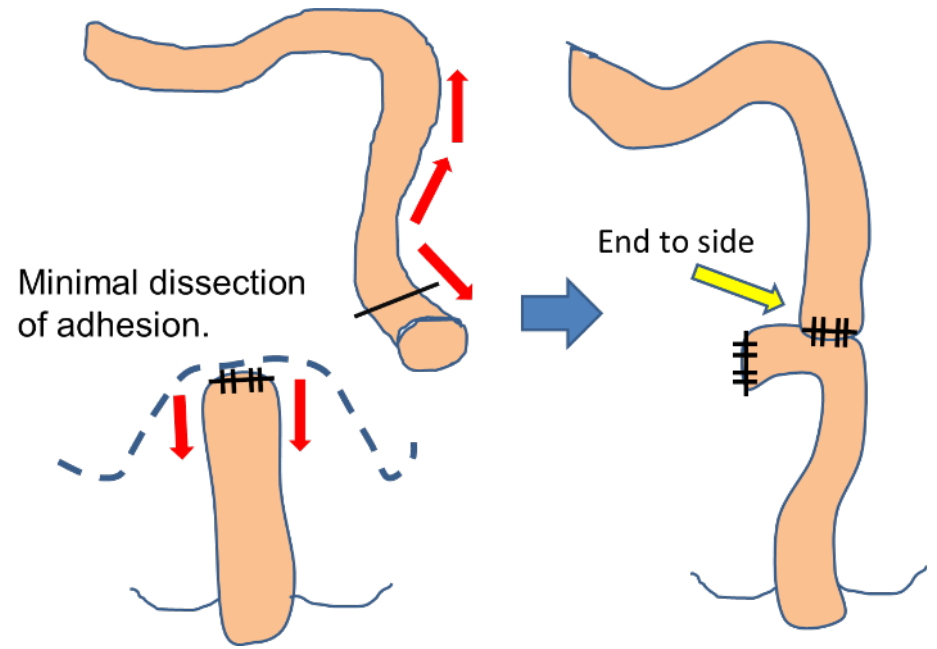
Minimal dissection of adhesion.

Minimal port placement → SPS (single port surgery), RPS(Reduced port surgery) + End-to-side anastomosis

Operative procedure (SPS) :

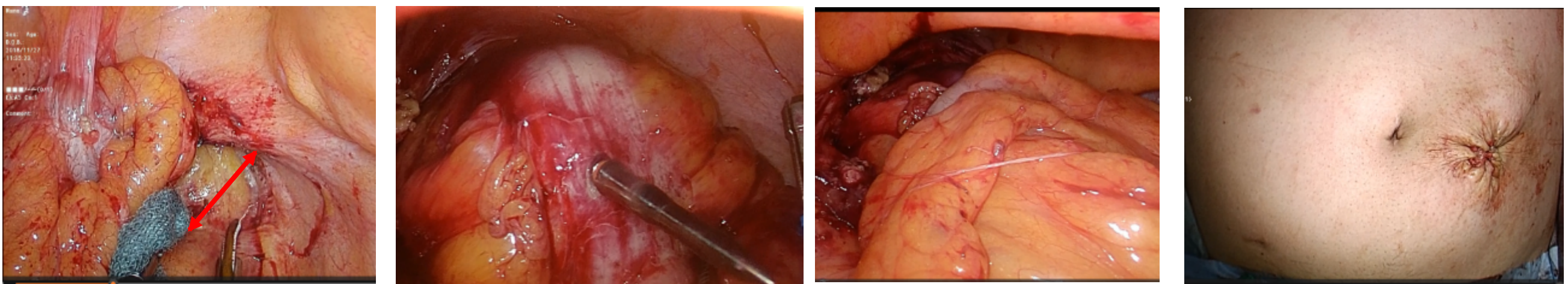


When visual field manipulation is difficult, additional ports are added.



The single port device with three trocar ports (12mm-5mm-5mm) is placed through the ostomy site.

Minimal dissection of adhesion.



Identify the rectal stump.

End-to-side anastomosis (front bowel wall).

Result: 14 cases (2000~2022)

Age	Median 62 (48~75)
sex	M:10 F:4
disease	Diverticulitis perforation of the sigmoid colon: 12 Idiopathic perforation of the sigmoid colon: 2
First operation	Lap-Hartmann: 12 Open-Hartmann: 2
Period(month)	Median 9 (5~14)
2nd operation	SPS: 2 SPS+2: 2 SPS+3 :10

anastomosis	End-to-side: 11 End-to-end: 3
Operation time	Median 163 (125~248)
blood loss	Median 29 (10~180)
fluid diet starting	1
length of stay	Median 13 (7~17)
Complication	0
Open conversion	0

Discussion :

Hartmann's reversal has been reported to have surgery-related complications of about 40% and open conversion rate to laparotomy is around 9-30%.

Minimal dissection of adhesion is important to achieved good results and reduction of complications.