Laparotomy

A laparotomy is a surgical procedure involving a large incision through the abdominal wall to gain access into the abdominal cavity. It is also known as a celiotomy. The first successful laparotomy was performed without anesthesia by Ephraim McDowell in 1809 in Danville, Kentucky.

see minilaparotomy.

Laparotomy in Neurosurgery

- Commentary: Laparoscopy Versus Laparotomy for Ventriculoperitoneal Shunt Placement: A Systematic Review and Meta-Analysis
- Intra and postoperative effects of adding detomidine to a lidocaine paravertebral anaesthesia in cows undergoing standing abomasum displacement surgery
- Laparoscopy Versus Laparotomy for Ventriculoperitoneal Shunt Placement: A Systematic Review and Meta-Analysis
- Severe Hypomagnesemia Induced by Postoperative Zinc Supplementation: An Illustrative Demonstration of Electrolyte Homeostasis
- Global variability in fetal spina bifida surgery: a survey of neurosurgical strategies
- Incidence and Risk Factors for Surgical Site Infections Following Emergency Laparotomies: A Prospective Observational Study
- Fetoscopic Robotic Open Spina Bifida Treatment (FROST): A Preclinical Feasibility and Learning Curve Study
- Outcomes Following Fetoscopic Repair of Myelomeningocele: A Prospective Single-Center Experience

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Incisional hernia (IH) is a late manifestation of the failure of abdominal wall closure and represents frequent complication of any abdominal incision: IHs can cause pain and discomfort to the patients but also clinical serious sequelae like bowel obstruction, incarceration, strangulation, and necessity of reoperation. Previous guidelines and indications in the literature consider elective settings and evidence about laparotomy closure in emergency settings is lacking. This paper aims to present the World Society of Emergency Surgery (WSES) project called ECLAPTE (Effective Closure of LAParoTomy in Emergency): the final manuscript includes guidelines on the closure of emergency laparotomy [1)]

Patients presenting with traumatic intracranial and intraabdominal injuries often require emergent care. Triage of injuries is based on severity of the individual injuries, but treatment occasionally must proceed simultaneously. Determining an optimal patient position at the time of surgery often produces unnecessary delays and this delay may negatively affect patient outcome.

Photographs of traditional exploratory laparotomy patient positioning (position A), traditional supine craniotomy patient positioning (position B), and a hybrid patient position (position C) were presented to 29 general surgeons and 12 neurosurgeons at a single institution. Surgeons were asked to rate the positions on acceptability and to rank the three positions according to preference when simultaneous exploratory laparotomy and craniotomy were necessary.

Position C was rated as an acceptable option by 82.8% of general surgeons and 100% of neurosurgeons. In addition, 51.9% of general surgeons and 81.8% of neurosurgeons preferred position C to their respective specialty's traditional patient positioning in situations that required simultaneous exploratory laparotomy and craniotomy.

A novel hybrid operative patient position for use during simultaneous exploratory laparotomy and craniotomy. In doing so, its important of constructive dialogue among trauma surgeons and neurosurgeons in optimizing the care of acutely ill trauma patients with multi system injuries [2)]

[1)]
Frassini S, Cobianchi L, Fugazzola P, Biffl WL, Coccolini F, Damaskos D, Moore EE, Kluger Y, Ceresoli M, Coimbra R, Davies J, Kirkpatrick A, Di Carlo I, Hardcastle TC, Isik A, Chiarugi M, Gurusamy K, Maier RV, Segovia Lohse HA, Jeekel H, Boermeester MA, Abu-Zidan F, Inaba K, Weber DG, Augustin G, Bonavina L, Velmahos G, Sartelli M, Di Saverio S, Ten Broek RPG, Granieri S, Dal Mas F, Farè CN, Peverada J, Zanghì S, Viganò J, Tomasoni M, Dominioni T, Cicuttin E, Hecker A, Tebala GD, Galante JM, Wani I, Khokha V, Sugrue M, Scalea TM, Tan E, Malangoni MA, Pararas N, Podda M, De Simone B, Ivatury R, Cui Y, Kashuk J, Peitzman A, Kim F, Pikoulis E, Sganga G, Chiara O, Kelly MD, Marzi I, Picetti E, Agnoletti V, De'Angelis N, Campanelli G, de Moya M, Litvin A, Martínez-Pérez A, Sall I, Rizoli S, Tomadze G, Sakakushev B, Stahel PF, Civil I, Shelat V, Costa D, Chichom-Mefire A, Latifi R, Chirica M, Amico F, Pardhan A, Seenarain V, Boyapati N, Hatz B, Ackermann T, Abeyasundara S, Fenton L, Plani F, Sarvepalli R, Rouhbakhshfar O, Caleo P, Ho-Ching Yau V, Clement K, Christou E, Castillo AMG, Gosal PKS, Balasubramaniam S, Hsu J, Banphawatanarak K, Pisano M, Adriana T, Michele A, Cioffi SPB, Spota A, Catena F, Ansaloni L. ECLAPTE: Effective Closure of LAParoTomy in Emergency-2023 World Society of Emergency Surgery guidelines for the closure of laparotomy in emergency settings. World J Emerg Surg. 2023 Jul 26;18(1):42. doi: 10.1186/s13017-023-00511-w. PMID: 37496068.

[2)]
Hernandez AM, Roguski M, Qiu RS, Shepard MJ, Riesenburger RI. Surgeons' perspectives on optimal patient positioning during simultaneous cranial procedures and exploratory laparotomy. South Med J. 2013 Dec;106(12):679-83. doi: 10.1097/SMJ.0000000000000030. PubMed PMID: 24305527.