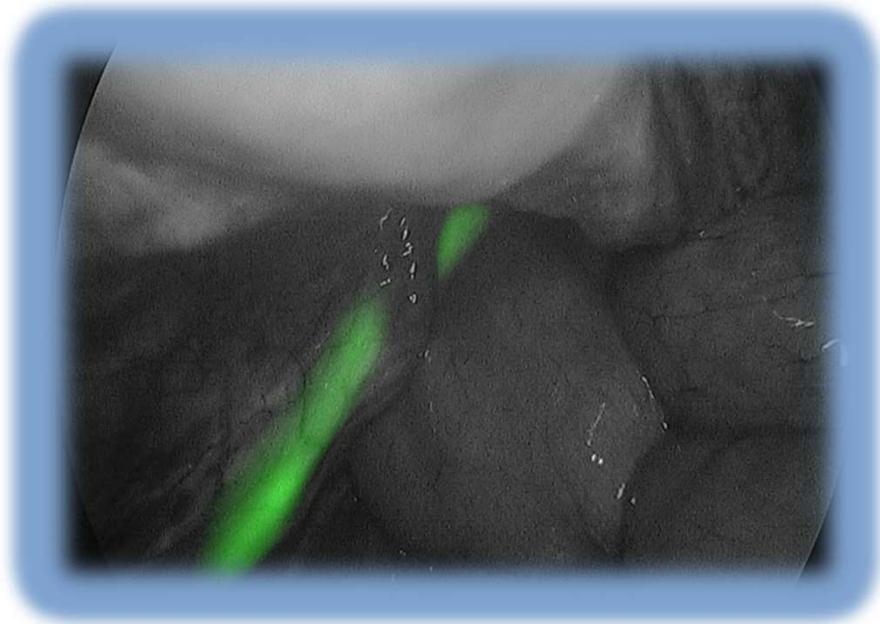


# Monthly e-Newsletter



Volume 2 Issue 07

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# **Editors**

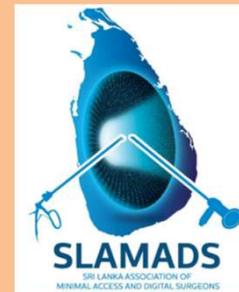
Thejana Wijeratne  
Malith Nandasena

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## FROM THE EDITORS

Please email your articles and write-ins to the following email address: [malith1983@yahoo.com](mailto:malith1983@yahoo.com)



# SLAMADS contribution to CSSL sessions

- **Pre congress workshop on 23rd November 2021** - Live operating session from TH Kandy & Interactive Video discussion
- **Plenary on 27th November 2021** - Embarking on Laparoscopic Whipple's Procedure - First hand experience by Prof.Palanivelu

- 

## **Debate:**

"Trainees need not to be trained on Open Cholecystectomy in future"

Proposition : Prof. Mohan de Silva, Mr. Chaminda Sellahewa

Opposition : Mr.Rowen Parks, Dr.Udaya Samarajeewa

Moderators ; Prof.Bawantha Gamage , Dr.Rameendra Senaratne

# CME activities held in July/August 2021

- Webinar on Thoraco- Laparoscopic Oesophagectomy, by Dr Rasitha Manathunga & Dr Chathuranga Keppetiyagama

For the youTube link click [here](#)

# Upcoming CME Events

CME on Schedule



Webinar on

## **Surgery for morbid obesity and metabolic syndrome**

Professor Thejana Wijerathne

Dr Sumudu Kumarage

Organised by Sri Lanka Association of Minimal Access and Digital Surgeons  
(SLAMADS)

in collaboration with

The College of Surgeons of Sri Lanka



**12<sup>th</sup> September 2021**

**6:00 PM – 8:00 PM**



Register in advance for this meeting:

<https://us02web.zoom.us/meeting/register/tZMocOuuqzkjGNH0gJjnFISM84B4qxG15jBh>

After registering, you will receive a confirmation email containing information about joining the meeting

# Articles and Write-Ins

# Laparoscopic Triple Neurectomy for intractable post-herniorrhaphy groin pain

C U K Samarajeewa, R Pragalathan  
DGH Trincomalee

## Introduction

Chronic groin pain following hernia surgery is defined as pain that lasts for more than 3 months and documented among 50% in post-herniorrhaphy patients. The causes of chronic post-herniorrhaphy groin pain can be neuropathic or non-neuropathic. Neuropathic pain occurs due to entrapment of nerve by sutures, staplers or mesh and nerve damage due to stretching or thermal damage. Patients mostly present with neuralgic pain in distributions of the ilioinguinal, iliohypogastric and genitofemoral nerves. Non neuropathic pain occurs due to excessive scar formation, mechanical pressure due to bulky rolled up mesh & periosteal reaction due to sutures or staplers.

The classical symptoms are burning pain around the surgical scar which radiates to the inner thigh or pubic tubercle, impaired sensory perception in the involved nerve territory.

Post-herniorrhaphy groin pain is managed initially with local anesthetic or steroid injections, opiates, tricyclic antidepressants, radiofrequency ablation and behavioral therapy. Eventually surgical management by neurectomy for chronic groin pain is considered as the last option. Open, 2-staged approach has been followed as the standard approach to triple neurectomy, anteriorly through the inguinal region to reach the ilioinguinal and iliohypogastric nerves and from the flank to reach the genitofemoral nerve. However, if the patient has undergone previous operations in the inguinal region, the surgeon is faced with a scarred field, often necessitating multiple incisions. As an alternative a single-stage laparoscopic retroperitoneal approach to a triple neurectomy is performed.

## **Case Presentation**

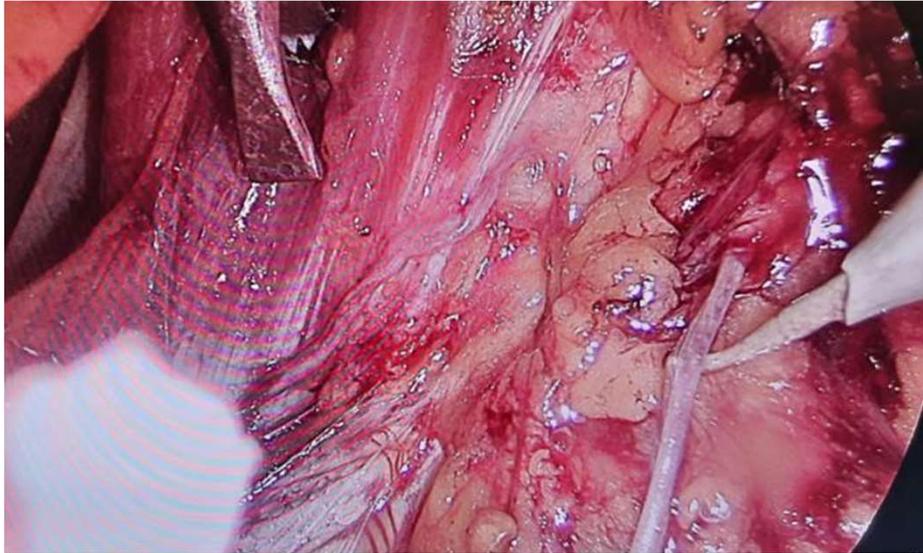
A 70-year-old man presented with a two-and-a-half-year history of intractable left side groin pain following left side recurrent inguinal hernia repair with mesh in 2019. The patient reported experiencing severe pain in his left groin which radiates into scrotum. The pain was exacerbated with activities such as bending forward, standing, or walking. He denied weakness, numbness, tingling & bladder or bowel dysfunction. He was treated with oral analgesics (NSAID, Opiate & TCA). These medications provided only mild relief to his pain. He was then treated with image guided nerve block, which provided relief only for a short period. So, we planned surgery as a last option and offered a laparoscopic triple neurectomy. He subsequently underwent laparoscopic triple neurectomy with identification & transection of the ilioinguinal, iliohypogastric, and genitofemoral nerves. On his first postoperative day, he was able to ambulate without significant pain and reported decreased sensation in the appropriate distribution

## **Discussion**

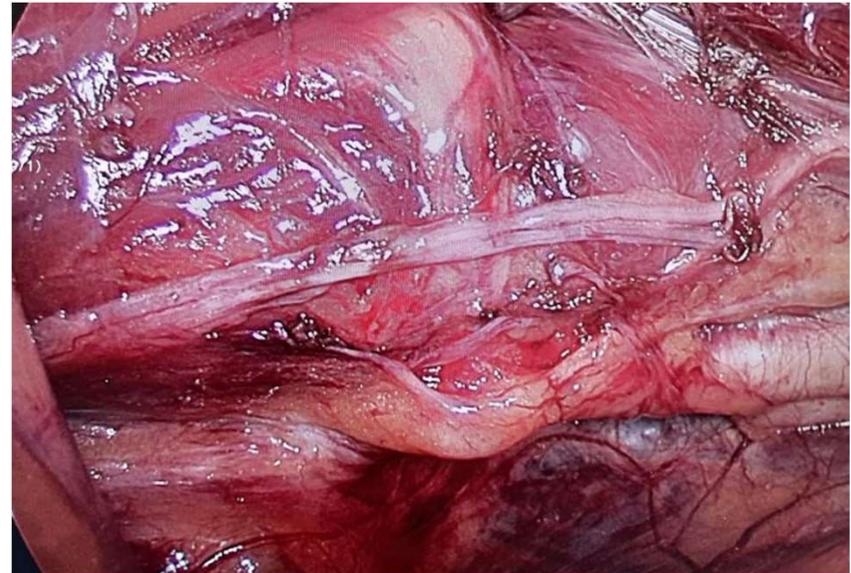
Being a severely debilitating condition, chronic post-herniorrhaphy groin pain can be managed effectively by transection of the iliohypogastric, ilioinguinal, and genitofemoral nerves. Consequences of neurectomy leave the patient with an area of numbness in the distribution of innervating nerve and loss of the cremasteric reflex, but it has been shown to have a 90% to 100% success rate in relieving the chronic post-herniorrhaphy groin pain. Critical aspects of the surgery include having adequate exposure and a thorough knowledge of the anatomy of the nerves in the retroperitoneal space.

## **Conclusion**

Laparoscopic retroperitoneal triple neurectomy is safe and appropriately provides relief to the chronic groin pain. This procedure is an option for those who undergo laparoscopic inguinal hernia repair or open posterior inguinal hernia repair.



Ilioinguinal nerve



Genitofemoral nerve

# **INTRA-URETERAL INDO-CYANINE GREEN (ICG) TO LOCALIZE THE URETER DURING LAPAROSCOPIC COLORECTAL SURGERY**

S K Kumarage, PC Chandrasinghe, M D P Pinto  
Department of surgery, Faculty of Medicine, University of Kelaniya

## **Introduction**

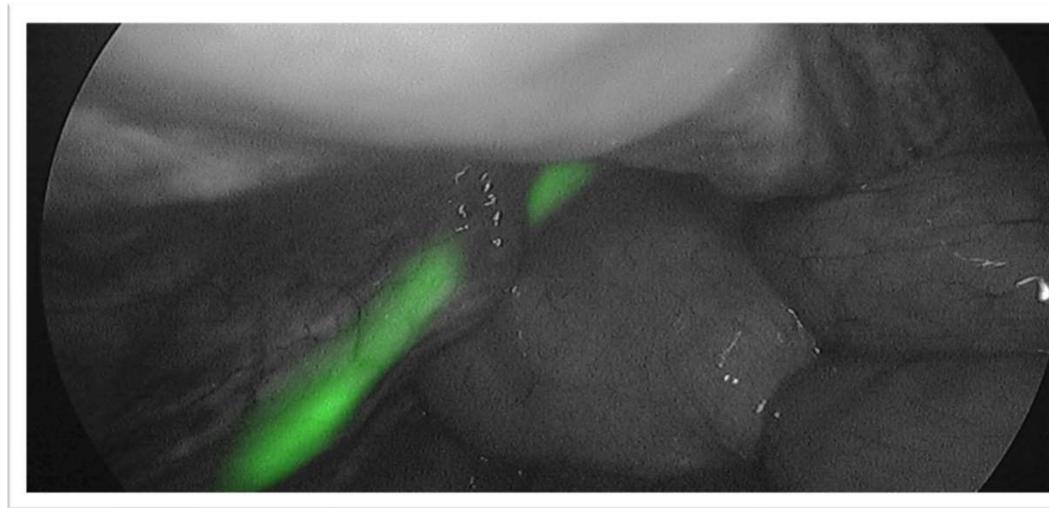
Incidence of ureteral injury during colorectal surgery is around 1-1.5% and is thought to be increasing due to minimally invasive surgery (1, 2). Although preoperative ureteral stenting has been used to prevent this complication, the impact of this technique on reducing iatrogenic ureteral injuries (IUI) is unclear (3). Use of lighted stents was an advancement and has shown to reduce IUI by some authors (4).

Indo-cyanine green (ICG) is a tricarbo-cyanine dye which is injected intravenously and almost exclusively gets excreted with bile. While in circulation and following excretion, it demonstrates a green fluorescence, when viewed through a camera with near infrared (Near-IR or NIR) mode. ICG is a widely available, low cost drug which has a low incidence of toxicity and hypersensitivity (5). It has been used in many medical and surgical applications including cholangiogram during laparoscopic surgery to define the biliary anatomy.

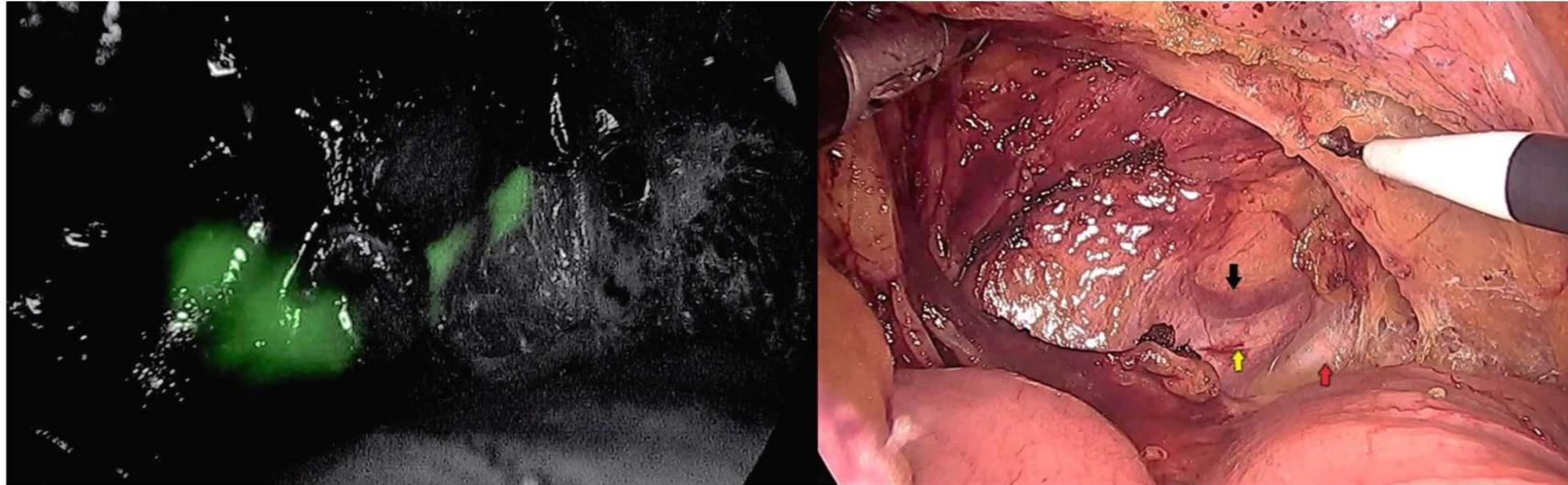
Few recent studies describes the use of ICG to identify ureters during laparoscopic colorectal surgery (6, 7). We report the use of intraoperative ICG during a laparoscopic sigmoid colectomy for cancer.

## Case Presentation

A 69-year-old female underwent laparoscopic sigmoid colectomy for a mid-sigmoid cancer. A rigid cystoscopy was performed where a 6FG ureteral catheter was inserted up to 15 cm into the left ureter. One milliliter of ICG (2.5mg/ml) diluted 1:1, was injected into the catheter and was left in-situ. Using NIR the ureters were visualized in fluorescence green throughout the surgery (Figure 1). The time taken to locate the ureter adjacent to the inferior mesenteric artery (IMA) prior to ligation was also minimal (Figure 2). The ureteral catheter was pulled out at the completion of the surgery. Patient's recovery was uneventful.



**Figure 1.** Left ureter (green) in the pelvic sidewall crossed by the left uterine artery as seen with the NIR mode.



**Figure 2.** Left ureter at the sub IMA tunnel seen in green through NIR filter **(A)**. The same view under normal light **(B)**. Time taken to locate the ureter was minimal.

(In B: Black arrow – Left gonadal vein, Yellow arrow – Left ureter, Red arrow – Left common iliac artery)

## Learning points

- ICG can be used successfully in intraoperative demonstration of the ureter during laparoscopic colorectal surgery.
- It would assist in clearing intraoperative uncertainties on ureteral anatomy resulting in;
  - Reduction of duration of the surgery
  - Avoiding of inadvertent ureteral injuries during dissection

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