

New Appendicostomy Technique

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Umbilicus – view from patient's left side of table



Inferior triangle marked and holding suture placed at tip of triangle



Superior traction on holding suture shows inside of inferior umbilicus



Inferior triangle mobilized



This is a laparoscopic case. The fascia inferior to umbilicus is opened and a 10mm port placed. The appendix is mobilized with two other 5mm working ports.

The appendix is pulled out with the mesentery facing posterior.



At this point, surgeon must decide if appendix is long enough for new stoma technique and anatomy amenable.

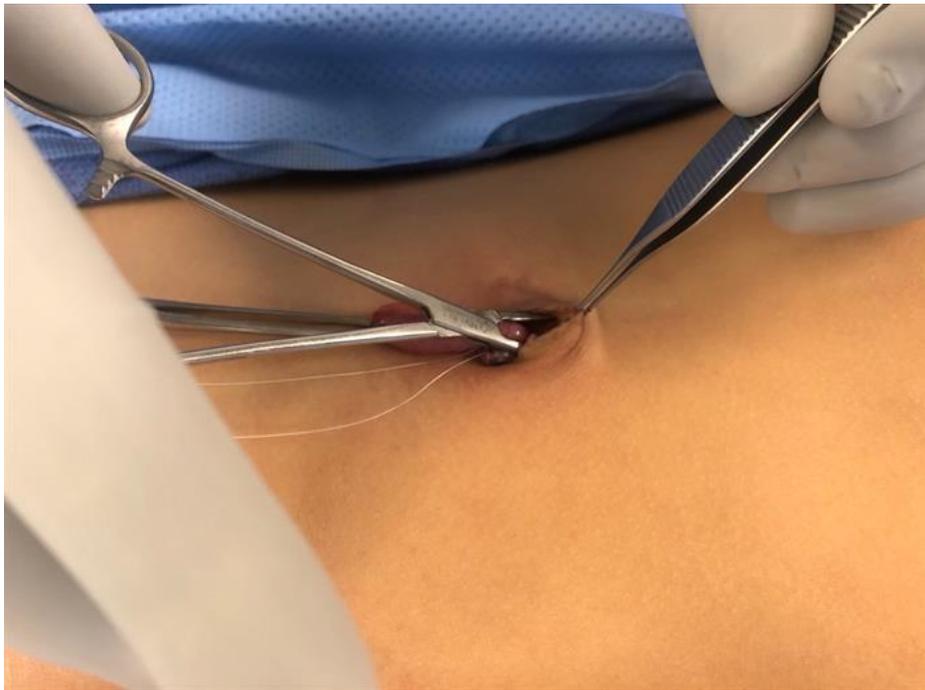
The firm posterior umbilical skin
is delineated.



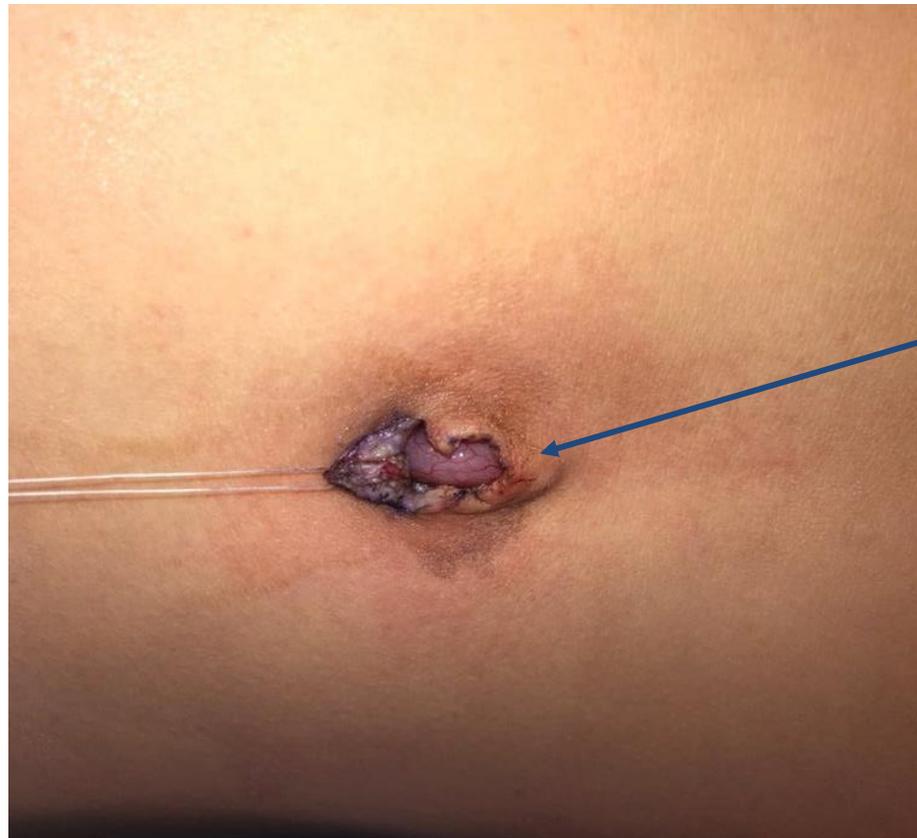
The firm posterior umbilical skin is excised down to fascia.



After excising posterior skin, a pocket is created superior to umbilicus just above fascia and under fat.



Tip of appendix placed into pocket above umbilicus and sewn to fascia.

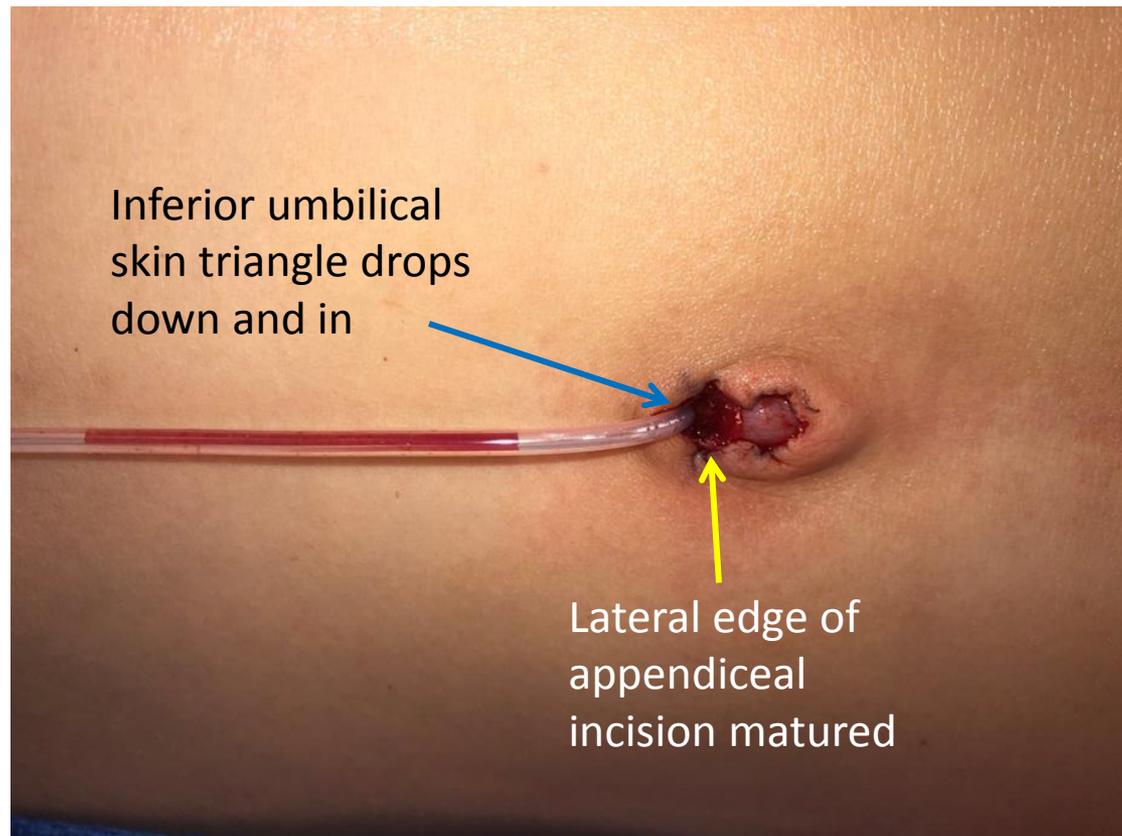


Tip of appendix under fat should not be seen or felt

Sagittal incision in anti-mesenteric appendix and an 8Fr catheter placed.



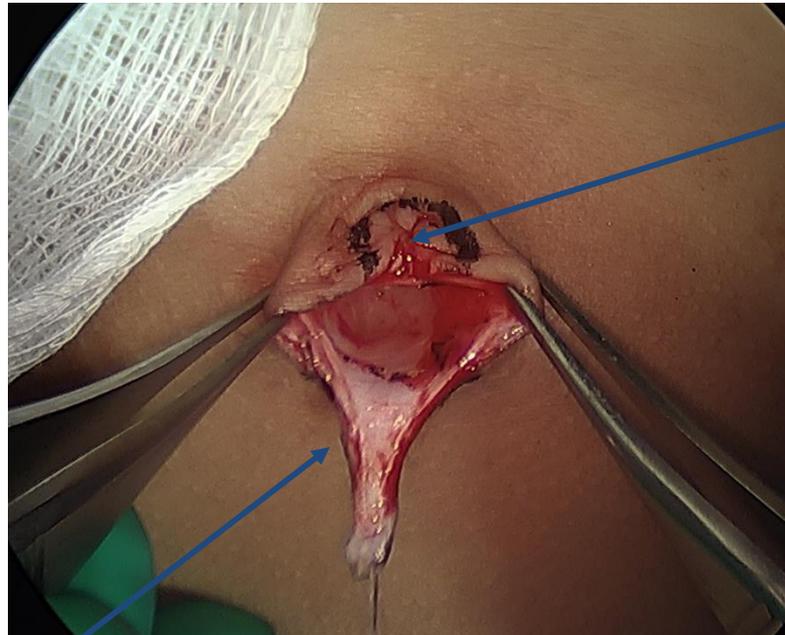
Stoma matured inferiorly (triangle of umbilical skin drops inside) and the lateral walls have been matured to umbilical skin. Only aspect remaining is the closure of the superior umbilical skin and maturation to the superior stoma.



Superior skin closed. Marcaine injection sites can be seen.



This is a different patient (head up) showing similar step in procedure with a better view of the pocket.



Resect posterior umbilical scar

Inferior triangular skin flap

Different patient (head up view) showing appendiceal tip under superior umbilicus (red dotted line) and planned incision (yellow dotted line) on anti-mesenteric appendix.

