An Extensive Extraperitoneal Insufflation due to Veress Needle Associated Complication

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ABSTRACT

Aim: The case report presented of the uncommon extensive extraperitoneal insufflation due to Veress needle (VN) procedure of laparoscopy.

Background: The minimally invasive surgery has become the method of choice for the most benign disease. Creation of pneumoperitoneum is the first step of a laparoscopy. The Veress needle is placed blindly into the abdomen. There are major and minor complications of laparoscopy. The purpose of this study was to expose the minor complication outcome of extraperitoneal insufflation with VN access. The complication of this operation occurred during the laparoscopic surgical staging of endometrial cancer.

Case description: A 61-year-old woman, para two of vaginal deliveries, had previous laparoscopic Gilliam uterine suspension owing to uterine prolapse. She had menorrhagia for 6 months after her menopausal age of 53 years. The uterus had undergone curettage, and the histopathology displayed endometrial carcinoma. The treatment was laparoscopic surgical staging. While the VN was inserted and CO₂ insufflation was taking place with 15 mm Hg, a minor intraoperative complication had occurred. The laparoscopy revealed Gilliam uterine suspension (GUS) where the extraperitoneal emphysema had occurred. The extraperitoneal emphysema was released with a needle gauge No.18 exteriorly during surgery.

Conclusion: The extensive extraperitoneal insufflation image shows a minor complication that is very uncommon reviewed and can thus be educational for the endoscopist.

Clinical significance: The VN was inserted vertically following the creation of pneumoperitoneum at a pressure of 10 to 15 mm Hg, the Veress needle was removed. Then a 10 mm disposable shielded trocar was introduced in the pelvic cavity.

Keywords: Extraperitoneal insufflation, Gilliam uterine suspension, Laparoscopic complication, Veress needle.

How to cite this article: Wasinghon P, Huang K. An Extensive Extraperitoneal Insufflation due to Veress Needle Associated Complication. J South Asian Feder Obst Gynaec 2018;10(3):222-224.
An Extensive Extraperitoneal Insufflation due to Veress Needle Associated Complication

Journal of South Asian Federation of Obstetrics and Gynaecology, July-September 2018;10(3):222-224

pressure CO₂ insufflation while the second attempt was able to enter the intraperitoneal cavity. The laparoscopy revealed GUS where the extraperitoneal emphysema had occurred (Fig. 1). The extraperitoneal emphysema was released with a needle gauge number 18 exteriorly during surgery.

DISCUSSION

The uterine suspension using laparoscopic visualization has been reported in England in 1976 and has become an infrequent operation on most gynecology in recent years. The 61-year-old female had been uterine prolapse in her age of 51 years. After the conversation with a patient, this case was designed for a laparoscopic surgical technique of GUS for a retroverted uterus with uterine prolapse that the round ligaments were sutured to the rectus fascia as shown in Figure 1A. At 10 years afterward, the patient had diagnosed with endometrial carcinoma with the histopathology of grade 1 endometrioid carcinoma after she had uterine curettage due to postmenopausal bleeding, the menopausal age was 53-year-old. The decision of surgery was a laparoscopic surgical staging. The minimally invasive can be performed to endometrial cancer safely with the utilization of the retrieval bag through a vagina to limit tissue fragmentation within a packet. This case was selected for the closed-entry procedure with general Veress needle technique; the two attempts were successful for VN insertion followed by the creation of pneumoperitoneum at a pressure of 10 to 15 mm Hg, and the VN was removed. Then, a 10 mm disposable shielded trocar was introduced in the pelvic cavity.

CONCLUSION

The extensive extraperitoneal insufflation image shows a minor complication that is very uncommon reviewed and can thus be educational for the endoscopist.

CLINICAL SIGNIFICANCE

The VN was inserted vertically following the creation of pneumoperitoneum at a pressure of 10 to 15 mm Hg, and the VN was removed. Then, a 10 mm disposable shielded trocar was introduced in the pelvic cavity.

ACKNOWLEDGMENT

The study was exempt from the requirement for approval by the institutional review board of Chang Gung Memorial Hospital. The authors would like to thank the Asia-Pacific Association for gynecologic endoscopy and minimally invasive therapy (APAGE) for providing the International Fellowship Endoscopy Training Program at Chang Gung Memorial Hospital for Dr. Wasinghon.

Figs. 1A and B: (A) The Gilliam uterine suspension was revealed by laparoscopy; (B) The laparoscopy showed extraperitoneal emphysema after Veress needle was insertion and CO₂ was insufflation.
REFERENCES


