

Laparoscopy in Developing Countries: A Resident-friendly Endo-Lap New Training Device

Patrick O Igwe

ABSTRACT

Introduction: Surgery via minimal access is the beauty of a surgical procedure. With minimal access, besides less pain and early return to activity for the patient, the surgeon also feels fulfilled. Minimal access surgery is currently gaining ground in developing countries. Training devices to achieve this especially for residents are not only scarce but expensive also in developing economies.

Aim: The aim of this study is to present a new resident-friendly training device for laparoscopy with the hope of improving residents' training in developing countries.

Materials and methods: A normal television monitor, camera, and bucket with cover is used to design an Endo-Lap trainer. Sigmoidoscopy and colonoscopy conduits are also incorporated in this device.

Conclusion: Surgery using minimal access technique can be aided with a training device made locally to achieve cost-effective and wider training benefits.

Keywords: Developing country, Endoscopy, Laparoscopy, Training device.

How to cite this article: Igwe PO. Laparoscopy in Developing Countries: A Resident-friendly Endo-Lap New Training Device. World J Lap Surg 2018;11(1):54-57.

Source of support: Nil

Conflict of interest: None

INTRODUCTION

Laparoscopic training is becoming part of surgical training in developing economies. It provides a safe means of acquiring fundamental skills. Laparoscopic trainers are useful aids in developing skills, such as hand-eye coordination, triangulation, depth-eye perception, and good ergonomics. Commercial laparoscopic trainers are expensive. Most trainees may not be able to afford them. Easy-made laparoscopic trainers have previously been described,¹⁻³ but these require the purchase of a webcam and the use of cables, and some iPhones are expensive. Hence, a very distinctive, laparoscopic trainer that can be

constructed using items readily available to the average surgical trainee at minimal cost is proposed.

MATERIALS AND METHODS

A normal television monitor, camera, cables and bucket with cover, ordinary electrical bulb, foot pedal pump for insufflation are used to design an Endo-Lap trainer. Sigmoidoscopy and colonoscopy conduits are also incorporated in this device using plumbing conduit.

Step 1: Make multiple openings on bucket cover (Figs 1 and 2). Cut a hole for the camera holder and cable to pass from inside out of the bucket.

Step 2: Construct a cover to snug fit a camera (Sony was used in this design), connect the cable with AV output of monitor to Sony camera (Figs 3 to 8).

Step 3: Construct a light source with bulb (in this case energy bulb was used).



Fig. 1: Bucket with holes superior surface



Fig. 2: Bucket side view

Senior Registrar

Department of Surgery, University of Port Harcourt Teaching Hospital, Port Harcourt, Rivers State, Nigeria

Corresponding Author: Patrick O Igwe, Senior Registrar
Department of Surgery University of Port Harcourt Teaching Hospital, Port Harcourt, Rivers State, Nigeria, Phone: +2348035510045, e-mail: igwe_patrick@yahoo.com

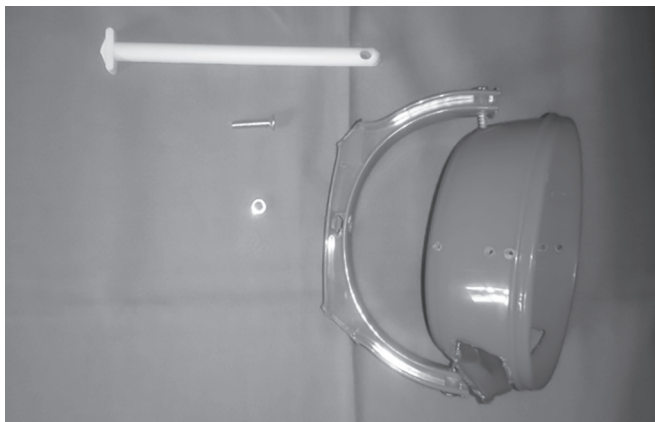


Fig. 3: Camera holder uncoupled

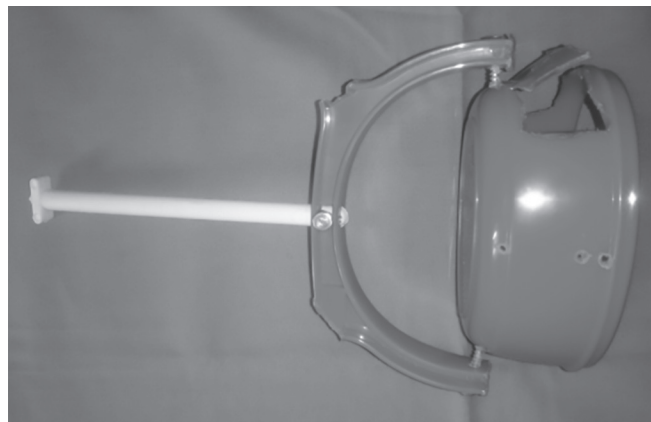


Fig. 4: Camera holder coupled

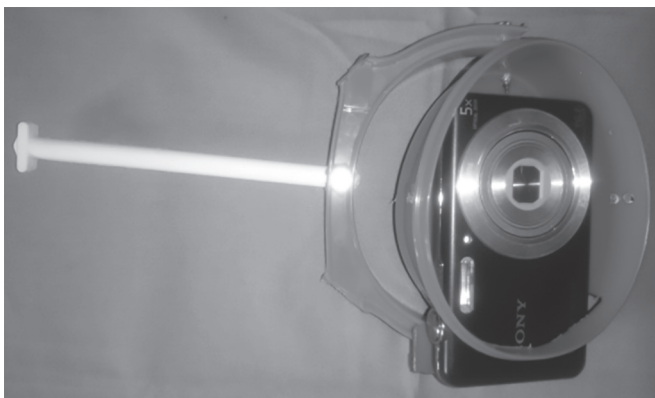


Fig. 5: Camera fitted in holder

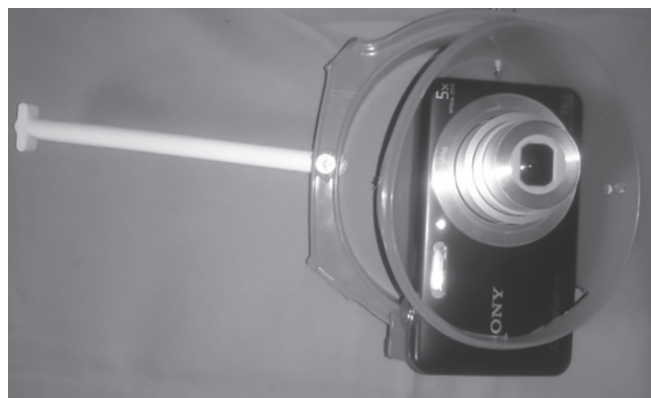


Fig. 6: Camera on while fitted in holder



Fig. 7: Monitor front



Fig. 8: Monitor back showing AV connection cable

Step 4: Simulate organs in the body (in this case, balloon, catheter, water conduit pipes were used). Connect conduit for endoscopy simulations.

Step 5: Obtain laparoscopic tools as usual for practice and the trainer is ready once connected (Figs 9 to 15). Foot pump is connected for insufflation (Fig. 12).

The interior part is shown, likewise the practice session views (Figs 16 to 18).

Many variations of the above can be constructed depending on the type of camera. Some have used smartphones, tablet computer, and software.³ Additionally, a conventional laptop or desktop can be used in place of monitor. This design is unique.

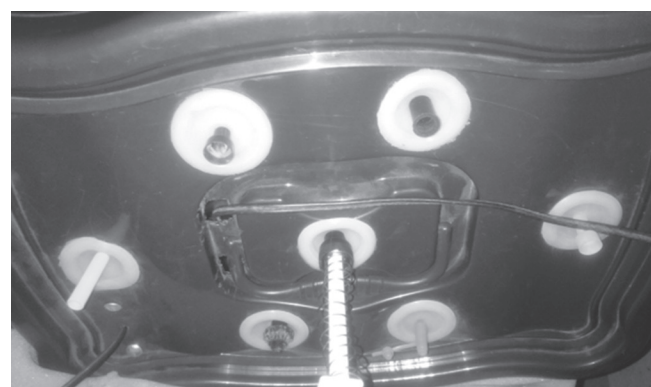


Fig. 9: Bucket with cables (camera and light source) and camera control lever



Fig. 10: Set-up



Fig. 11: Conduit connected



Fig. 12: Foot pump

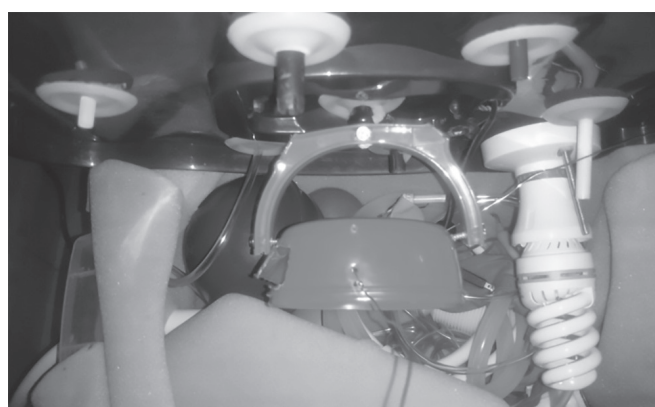


Fig. 13: Setup interior view

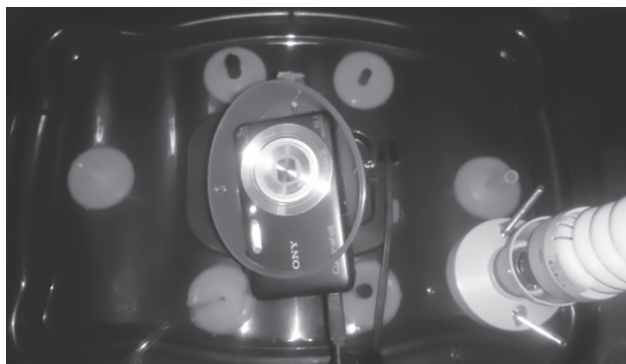


Fig. 14: Setup interior view with camera



Fig. 15: Setup interior view showing simulated organs

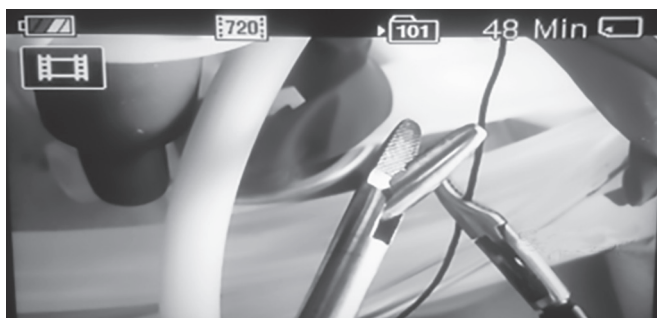


Fig. 16: View during practice about to knot



Fig. 17: View during practice knotting in progress



Fig. 18: View during practice with surgeon in action

Its distinct features are

- A good/high-definition camera
- Recorder component of camera
- Durable
- Cheap and easy to design

- Closed system for real-time simulation
- Organ simulations
- Endoscopy component.

CONCLUSION

Surgery using minimal access technique can be aided with a training device made locally to achieve cost-effective and wider training benefits.

ACKNOWLEDGMENT

The author acknowledges Professor RK Mishra and Dr JS Chowhan for their intuitive teaching and initiative.

REFERENCES

1. Raptis DA, Mouzaki K, Gore DM. DIY laparoscopic kit. *Ann R Coll Surg Engl* 2008 Mar;90:167-168.
2. Dennis R. A simple and cheap home built laparoscopic trainer. *J Min Access Surg* 2008 Jul-Sep;4(3):88.
3. Van Duren BH, Van Boxel GI. Use your phone to build a simple laparoscopic trainer. *J Minim Access Surg* 2014 Oct-Dec;10(4):219-220.