

The future of surgery: The "Natural Orifice Surgery" Concept

The New European Surgical Academy

19th Century



First successful laparotomy performed longitudinally



Ephraim McDowell 1771 - 1830

19th Century



First transverse laparotomy



Johannes Pfannenstiel 1862-1909



ABDOMINAL WOUND DEHISCENE (vertical vs. Pfannenstiel)

	Vertical	Transverse
No.	1635	540
Dehiscence	48	2
Rate	2,94 %	0,37 %

Mowat J, Bonnar J. Br Med J 1971; 2 (756): 256-257

20th Century



Endoscopy



Georg Kelling 1866-1945



Kurt Semm 1927-2003

21st Century



Quo vademus?

21st Century



NOS

The use of natural openings to perform surgical procedures



Peritoneoscopy and liver biopsy were performed via a transgastric pathway.

Kalloo AN et al: Flexible transgastric peritoneoscopy: a novel approach to diagnostic and therapeutic interventions in the peritoneal cavity.

Gastrointest Endosc 2004; 60 (1): 114-7



In 9 female animals, transgastric operations were performed.

In 6 cases, oophorectomy and partial hysterectomy was performed.

Wagh MS et al: Endoscopic transgastric abdominal exploration and organ resection: Initial experience in a porcine model.

Clin Gastroenterol Hepatol 2005; 3 (9): 892-6



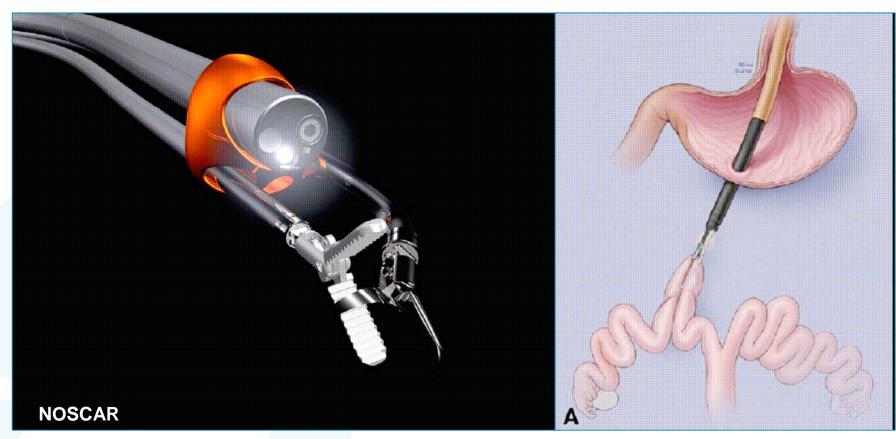
Instruments used:

single and double channel gastroendoscopes (GIF Q 140 and GIF 2T 100, Olympus), re-usable endoscopic forceps, esophageal overtube, snares, endoloops (Olympus), dilatation balloons (microinvasive CRE balloon, Boston Scientific / Microinvasive, Natrick, MA), needle knives (Huibregtse RAMP needle-knife, Wilson-Cook Winston-Salem, NC), endoclips (Olympus)





Conventional instruments, adapted to NOS





Transoral-transgastric - Experimental

Jagannath SB et al. Ligation of fallopian tubes

Gastrointest Endosc 2005; 61: 449-453

Kantsevoy SV et al. Gastro-entero-anastomosis Gastrointest Endosc 2005; 62: 287-292

Kantsevoy SV et al. Splenectomy

Surg Endosc 2006; 20: 522-525



Transoral-transgastric

Park PO et al. Cholecystectomy and cholecysto-gastrostomy

Gastrointest Endosc 2005; 61: 601-606, experimental

Venkat Rao (Hyderabad, India) Transoral-transgastric appendicectomy Not published, human application

Lee Swanstrom (Oregon, USA) Transoral-transgastric cholecystectomy July, 2007 (+3 Trocars!), not published, human application



N.O.T.E.S

VS.

N.O.S



"The term difference is not accidental. "T" in NOTES stands for transluminal. NOS includes NOTES because it refers to *all* surgical procedures performed through natural openings, such as the mouth, nose, urethra, and vagina."

Stark M, Benhidjeb T. Transcolonic endoscopic cholecystectomy: a NOTES survival study in a porcine model. In: Gastrointest Endosc. 2007 Jul;66(1):208-9.



The Transdouglas Surgical Approach



First successful performance of incidental vaginal appendectomy at the time of vaginal hysterectomy

Bueno B. Primer caso de apendicetomia por via vaginal. Tokoginecol Pract (Madrid) 1949; 8: 152-154



8 cases of incidental vaginal appendectomy following vaginal hysterectomy.

McGowan L. Incidental appendectomy during vaginal surgery. Am J Obstet Gynecol. 1966; 95 (4): 588



The Douglas pouch was used to extract a gallbladder removed endoscopically.

Delvaux G, Devroey P, De Waele B, Willems G. Transvaginal removal of gallbladders with large stones after laparoscopic cholecystectomy. Surg Laparosc Endosc. 1993; 3 (4): 307-9



NOS – Human application

Marc Bessler (New York, USA)

→ Transvaginal cholecystectomy, March 2007 (+3 Trocars!)

Jacques Marescaux (Strasbourg, France)

→ Transvaginal cholecystectomy, April 2007 (+1 Trocar!)

What are the challenges to realise Transdouglas Operations?



- Develop adapted instruments and revise operative methods
- Re-learn anatomy
- Develop patient biosimulation software for training and development
- Gain surgical experience

The Transdouglas Endoscopical Device



The **TED** is a multichannel, flexible endoscope. It can be S- or U-shape.

The **S-shape** TED is adapted to the pelvic anatomy and designed to perform all upper abdominal operations.

The **U-shape** TED allows to perform all operations in the pelvis.



A short introduction of Trans-Douglas Endoscopical Surgical Device (TED)

by Prof. h.c. Dr. Michael Stark





First European working group on Natural Orifice Surgery

View of the pelvic organs through the U-shape TED





Advantages



Intraoperative

- Introduction of instruments under vision and parallel rather than perpendicular to major blood vessels
- Lower CO₂ pressure needed, peridural anesthesia possible
- Improved ergonomy (one-man [woman] show)
- Single entry procedures

Advantages



Postoperative

- No risk for herniation or eventration
- Lower risk for wound infection and adhesions
- Less pain
- Early mobility
- No scar
- Very short hospital stay



As surgical procedures are to be performed through a "gynecological pathway", **interdisciplinarity** is the key to realise successful NOS operations.



The interdisciplinary NOS working group of the NESA

Members of the working group



General surgery

Eckhard Bärlehner, Tahar Benhidjeb, *Germany*; Moshe Zvi Papa, *Israel*; Sebastian Roka, *Austria*, Svend Schulze, *Denmark*; Kai Witzel, *Austria*

Urology

Jacques Corcos, Harold Drutz, Canada

Gynecology

Ciro Luise, *Italy*; Farr Nezhat, *USA*; Liselotte Mettler, Irmgard Posch, Marc Possover, Achim Schneider, Michael Stark, *Germany*; Antoine Watrelot, *France*



Anaesthesiology

Peter Biro, Switzerland; Gerald Burgard, Jochen Strauss, Germany

Pharmacology

Petra Thuermann, Germany

Physiology

Peter Reeh, Germany

Scientific Counsellors

Parwis Fotuhi, Joachim Linke, Manfred Ottow, Germany



In Dec. 2006, the NESA and the Society of Laparoendoscopic Surgeons (SLS) signed an agreement to cooperate in clinical studies concerning NOS.

NESA's Vision:



- NOS interdisciplinary team working in designed surgical departments based mainly on day care basis or short hospital stay
- NOS training programmes using biosimulators, certifying surgeons prior to actual operation
- Reduction of absence from work, thus minimizing economic costs.





Occam's razor (ca. 1285-1349) Lex parsimoniae





Thanks for your attention.