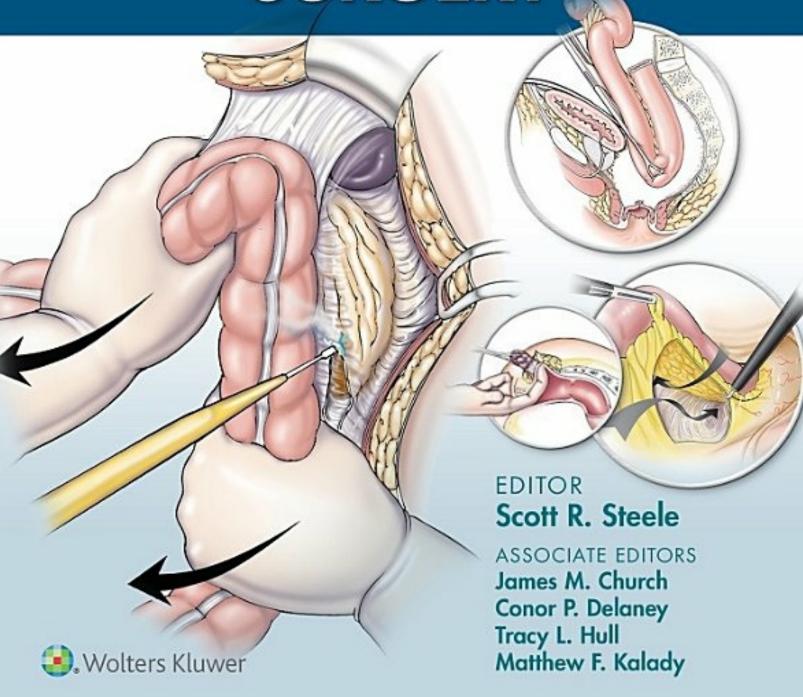


Illustrated Tips and Tricks in





Cleveland Clinic Illustrated Tips and Tricks in Colon and Rectal Surgery

Cleveland Clinic Illustrated Tips and Tricks in Colon and Rectal Surgery

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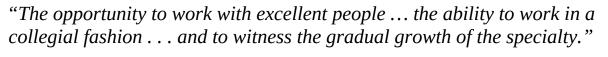
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—Victor W. Fazio, MB, BS, FRACS, FACS (2012)

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Foreword

It's an honor to be a part of the storied tradition of surgical giants who have mentored us previously, incredible colleagues here today, and the leaders that will follow for generations. May this volume portray some of the tips and tricks of the "Cleveland Clinic Way" for caring for patients with colorectal disease.

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Preface

In this era of evidence-based medicine, most of our clinical decisions are data driven ... and that is as it should be. However, patients constantly remind us of the infinite variations in human biology, and these reminders influence our care in ways that often cannot be measured. Data can only take us so far in the practice of colorectal surgery, and there is ample room for augmenting our practice with clinical acumen. Many of the diseases we treat present and evolve in ways that are not covered by the usual textbook or by the latest review article. We are left wondering how to nuance care to obtain the best outcomes. We seek advice from our more experienced partners and sometimes we call our mentors to ask for their input. In this book, the editors have put together a series of chapters addressing colorectal diseases as if the authors had been asked to comment on a difficult case. This volume is a distillation of the clinical wisdom that has been built up over years of practice at the busiest colorectal department in the world.

In writing this book, the authors want to provide an easily accessible, understandable volume that makes phone calls to mentors and text messages to experts less common. Our authors have combined the wisdom they acquired from their own mentors with their personal clinical experience to complement the knowledge found in textbooks, reviews, and experimental studies. They describe the ways in which they dealt with tricky, dangerous, and unusual situations, to provide tips and techniques that you can use when faced with similar circumstances. Many of the tips described in this book are derived from a previous generation of experts, with advice that filters down over the years, constantly changing as understanding of disease and choices of medications and operative techniques expand, but based on the sound principles that have built a dynasty here in Cleveland. This is an unusual book, but an intensely practical one. We trust that you find it to be so.

Cleveland, Ohio

PART I In The Operating Room and Anatomy

Chapter 1

Anatomy of the Colon, Rectum, and Anus

RICHARD L. DRAKE JENNIFER M. MCBRIDE MICHELLE D. INKSTER JAMES S. WU

> Surgical Anatomy, properly understood, implies not merely relation of parts, but such an acquaintance of the position, function and relations of the structures entering into the formation of any region, as may assist in the diagnosis and treatment of the injuries and diseases occurring in it; or in certain cases to judge how far operative interference is warrantable, and guide us, if it be, in planning and performing the operation.

> > Edward Bellamy, FRCS The Student's Guide to Surgical Anatomy, 1885 Attributed to Professor Spence

The intestinal tract begins at the duodenum and ends at the anus.

Peritoneum

The intestines are enveloped variably in peritoneum (Fig. 1-1). In his 1903 syllabus of surgical anatomy, Thomas describes the peritoneum as follows:

Peritoneum. The peritoneum is a closed serous sac, having no external communication, except in the female through the Fallopian tubes. It intervenes between the abdominal wall and the viscera, which are

intraperitoneal only in the sense that they invaginate the posterior layer. The viscera are *held in position by* the folds of peritoneum or mesenteries thus formed. They may have a complete covering, except where the two layers of these folds meet, as in the case of the ileum and jejunum, the transverse colon, stomach and spleen. Often a viscus is only partly covered, as in the case of the kidney, bladder, ascending and descending colon.

Small Intestine

The small intestine consists of the duodenum, jejunum, and ileum (Fig. 1-2) and is open, except at its beginning (pylorus) and at its end (ileocecal valve).

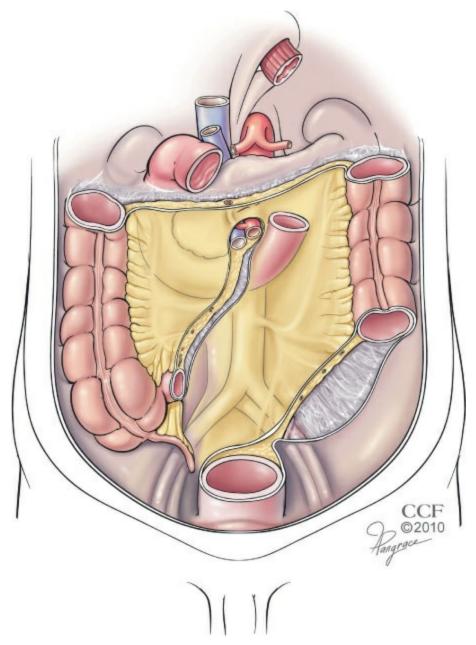


FIGURE 1-1 The peritoneum is a sac that covers the intestines, either completely or partially. Except for its first part, the duodenum is retroperitoneal. The jejunum, ileum, transverse colon, and sigmoid colon are covered by peritoneum and suspended on a mesentery. The ascending colon, the descending colon, and the rectum are partly covered.

Duodenum

The term "duodenum" is derived from the Latin *duodenum digitorum* (space of 12 digits) because its length is about the breadth of 12 fingerbreadths. The duodenum is the first section of the small intestine and, except for the first

part, is retroperitoneal. It is C-shaped and formed around the head of the pancreas (Fig. 1-3).

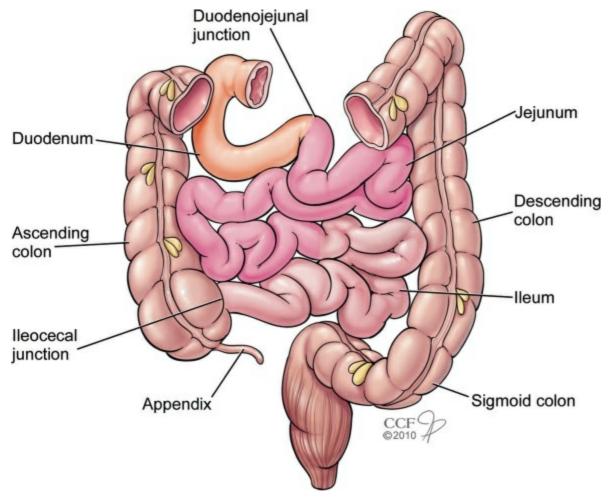


FIGURE 1-2 The small intestine is shown with its location relative to the large intestine.

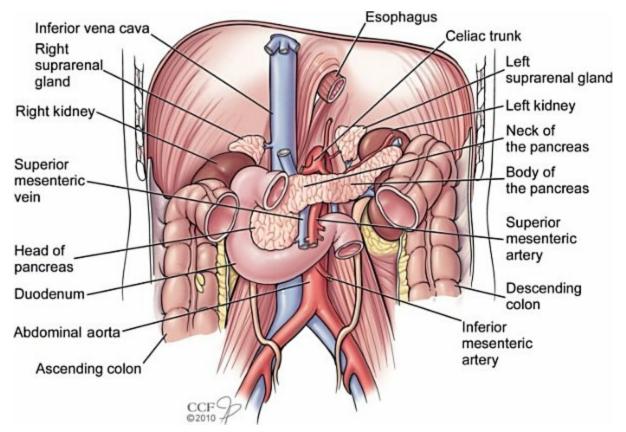


FIGURE 1-3 The duodenum is located in close proximity to the pancreas, hepatobiliary system, vena cava, portal vein, vertebral column, aorta, superior mesenteric vessels, urinary system, and the colon.

The duodenum is divided into four parts (Fig. 1-4) as follows.

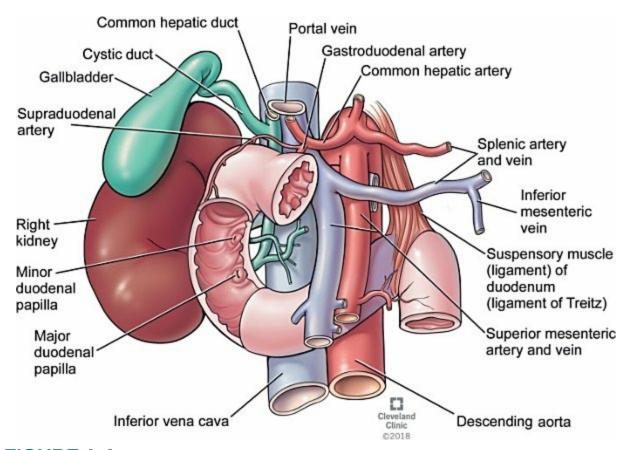


FIGURE 1-4 The duodenum and its relationship to the biliary system, vena cava, portal vein, and superior mesenteric artery/vein. The pancreas has been removed.

- The superior or first part begins at the pyloric sphincter and ends in the area of the neck of the gallbladder. It lies anterior to the bile duct, gastroduodenal artery, portal vein, and inferior vena cava.
- The descending or second part passes from the neck of the gallbladder to the inferior edge of vertebra L3. It is anterior to the medial portion of the right kidney and just lateral to the head of the pancreas. Associated with this part are the major duodenal papilla and minor duodenal papilla.
- The inferior or third part passes anterior to the inferior vena cava, abdominal aorta, and vertebral column, and its anterior surface is crossed by the superior mesenteric artery and vein.
- The ascending or fourth part is to the left of the abdominal aorta and passes upward, ending at the duodenojejunal junction. The ligament of Treitz (suspensory muscle/ligament of the duodenum) is associated with this junction.

The arterial supply to the duodenum is from the gastroduodenal artery, the

supraduodenal artery, duodenal branches from the anterior and posterior superior pancreaticoduodenal arteries, duodenal branches from the anterior and posterior inferior pancreaticoduodenal arteries, and the first jejunal branch from the superior mesenteric artery (Fig. 1-5).

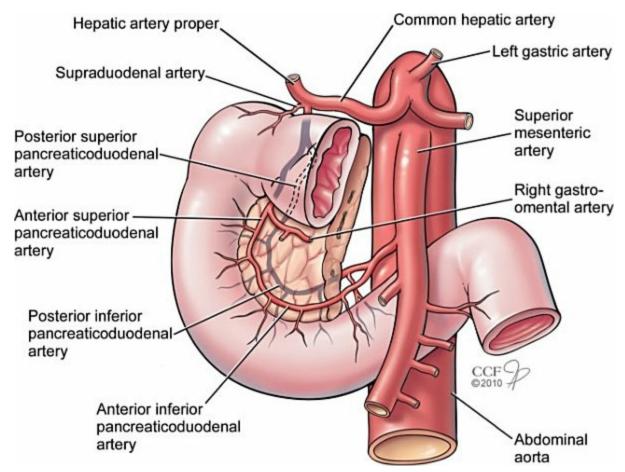


FIGURE 1-5 Details of the arterial supply to the duodenum.

Jejunum and Ileum

The jejunum and the ileum are completely covered by peritoneum and connected to the posterior abdominal wall by a mesentery. They travel from the left upper quadrant to the right lower quadrant.

Jejunum

The word "jejunum" is derived from the Latin *ieiunum* or "empty" because it is often found empty on dissections. The jejunum follows the duodenum and

represents about two-fifths of the small intestine. The arterial supply to this portion of the small intestine consists of jejunal arteries that are branches of the superior mesenteric artery (Fig. 1-6). Venous drainage is via the superior mesenteric vein.

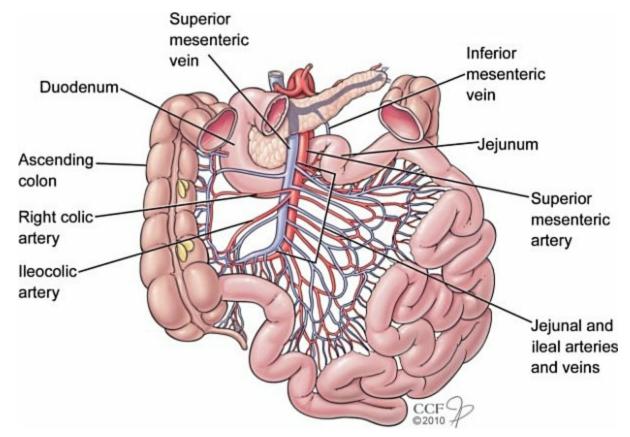


FIGURE 1-6 The jejunum and ileum are intraperitoneal structures that travel from the left upper quadrant to the right lower quadrant and suspended on a mesentery. The vascular supply is from the superior mesenteric artery and vein.

lleum

The word "ileum" is derived from the Latin *ilia* for "groin" or "flank." The ileum is the final portion of the small intestine and represents about three-fifths of this structure (Fig. 1-6). The ileum joins the large intestine at the junction of the cecum and the ascending colon. The arterial supply to this portion of the small intestine consists of ileal arteries from the superior mesenteric artery and an ileal branch from the ileocolic artery.

Large Intestine