

Commentary

Surgical techniques for laparotomy incisions

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DESCRIPTION

A laparotomy is a surgical operation that involves cutting a hole in the abdominal wall to enable access to the abdomen. A celiotomy is another name for it.

The digestive tract; the liver, pancreas, gallbladder, and spleen; the bladder; the male prostate; the female reproductive organs (the uterus and ovaries); and, depending on incision placement, the retroperitoneum; and laparotomy are the first steps in any major diagnostic or therapeutic surgical procedure of these organs.

Surgical incisions

A surgical incision is a cut made through the skin and soft tissue to help with a medical operation or therapy. During an operation, many incisions are generally required. Surgical incisions are made as small and unobtrusive as possible to facilitate safe and fast operating conditions.

Midline incision: The midline incision, a vertical incision that follows the linea alba, is the most common incision for laparotomy. Midline incisions are preferred for diagnostic laparotomy because they allow access to the bulk of the abdominal cavity.

Chevron incision: On the abdomen, this incision is made below the rib cage. The cut starts on the right side of the abdomen below the mid-axillary line, below the ribs, and goes all the way across the abdomen to the opposite mid-axillary line, allowing access to the liver over the entire width of the belly. The length of the incision is commonly between 24 and 30 inches.

Cherney incision: Cherney described a transverse incision that provides excellent surgical access to the Retzius area and

the sidewall of the pelvis. 2 fingerbreadths above the symphysis pubis, a curvilinear skin and rectus fascial incision is made and carried in Langer's lines from 2 fingerbreadths medial to one anterior superior iliac spine to the corresponding point medial to the opposite anterior superior iliac spine. The underlying rectus muscle bodies are pushed distally by mobilising the anterior rectus fascia. To expose the underlying rectus tendons, the pyramidalis muscles are dissected free and sharply excised.

Kocher's incision: An oblique incision in the right upper quadrant of the abdomen for open cholecystectomy. Emil Theodor Kocher was the inspiration for the name. It is appropriate for some liver, gallbladder, and biliary tract surgeries. The Kocher incision, which is a transverse, slightly curved incision about 2 cm above the sternoclavicular joints and is used for thyroid surgery, has the same name. 5 cm above the symphysis pubis but below the anterior iliac spine, a transverse incision is created. The linea alba is then exposed after the subcutaneous tissue is split in the midline. Through the linea alba, a vertical midline incision is made. Any branching of the superficial epigastric veins are carefully controlled and ligated. This part of the incision normally takes a long time and is one of the drawbacks. In comparison to a Pfannestiel incision, this one has less extensibility and less exposure.

Lanz incision: The Lanz incision is a modification of the typical McBurney's incision, which is performed at McBurney's point on the abdomen. It is made at the same location along the transverse plane and is considered cosmetically superior. It's most commonly utilised for an open appendectomy. There are several methods for locating the incision. Some surgeons recommend making an incision 2 cm below the umbilicus, centred on the mid-clavicular-midinguinal line. Others suggest that the incision be centred using McBurney's spot.

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