33.1 Position of the Patient

The patient is positioned in the lateral right decubitus position. A pillow is placed under the flank and the table is angled to increase the space between the costal margin and iliac crest. The surgeon stands on the right of the table with the monitor across behind the head of the patient. The assistant stands opposite to the patient.

33.2 Placement of Trocars

The first trocar for the camera is placed in the umbilicus using the open technique. In the case of an obese patient a separate camera trocar is placed below and underneath the trocars for the instruments. These four additional trocars are placed along a subcortical line. The first one is placed in the midline to accommodate the endoretractor. The remaining three are placed at 5-cm intervals with the last outer one as laterally as possible. All trocars are 10–12 mm diameter in order to accommodate all the necessary instruments except the very lateral one, which can be a 5-mm one.
33.3 Step I: Mobilization of the Left Colonic Flexure/Exposure of the Upper Pole of the Left Kidney and Pancreas

The left colonic flexure and descending colon are mobilized inferiorly and medially in order to expose the underlying upper pole of the left kidney. The tip of the surgeon’s working instrument could “sense” the hard surface of the kidney behind the Gerota’s fascia and the overlying retroperitoneal fat.

Further division of the gastrocolic ligament and mobilization of the transverse colon downward allows exposure of the pancreas. The use of new forms of energy such as Ligasure (Valley Laboratory) and Ultracision (Ethicon Endosurgery, Inc.) may expedite this and subsequent steps.