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**CASE REPORT** 

# Introduction of a Glove-Finger Extraction Option for Laparoscopic Appendectomy

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#### **Abstract**

The cost of the procedure of laparoscopic appendectomy is significantly higher than that of open surgery. Costing includes instruments, duration of surgery, and the potential for requiring conversion to open. Reducing procedure costs in simple ways will better enable laparoscopic appendectomy to be cost-effective in Regional Hospitals.

### **Keywords**

Laparoscopic appendectomy

## **Method and Approach**

An endocatch/endopouch is conventionally used when removing the dissected appendix. The glove-finger technique substitutes the middle finger of size 8.5

glove for the endocatch/endopouch. Introduce the glove finger into the peritoneal cavity through the 12 mm umbilical port, using grasping forceps. Slide the dissected appendix into the glove-finger pouch, clamp across the opening of the pouch with a grasping forcep, then extract through the 12 mm port under laparoscopic vision [1-4].

This has been utilised with three initial patients (Figure 1, Figure 2 and Figure 3).

## Outcome

The three patients were discharged the next day without complications or pain. They remained well as confirmed at review three weeks' post-surgery. There



Figure 1: Introduction of appendix to the glove-finger.



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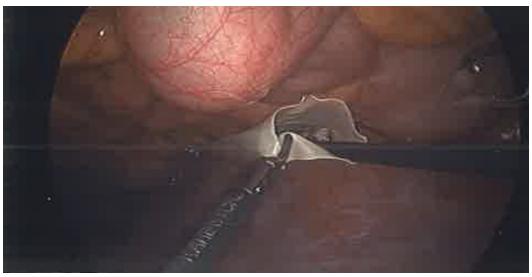


Figure 2: Catches glove finger at the edge by a grasper.



Figure 3: Extraction through umbilical port.

was no identified difference in surgical time when comparing the glove-finger extraction method and use of a conventional endocatch/endopouch.

The cost of a pair of size 8.5 sterile gloves is approximately one fiftieth of that of a conventional endocatch/endopouch (approximately 1AUD vs. 50AUD).

# **Conclusion**

Using a simple glove finger as the pouch for removal of the dissected appendix is potentially a significant cost saving.

## **Ethical Statement**

Informed consent was obtained from the patient for publication of this case report and accompanying images.

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