

Ladd procedure for malrotation

Preference Card

1. Transverse RUQ incision.
2. If a volvulus is present, reduce it in a counterclockwise direction--180 degrees at a time until it is reduced.
3. Identify and divide the Ladd's bands from the right colon that go across the duodenum.
4. When the bands are completely divided begin to widen the mesentery. The goal is to bring the small bowel completely to the right and the colon to the left. To accomplish this, divide the attachments between the colon and the small bowel as completely as possible without injuring the mesentery itself.
5. When the mesentery is widened, do the appendectomy. Do an inversion appendectomy so that there is no contamination. Divide the mesoappendix then use a lacrimal duct probe to intussuscept the appendix completely then bury it within the cecum. Put a 4-0 PDS figure of eight stitch over the base of the intussuscepted appendix to fix it there.
6. Close the fascia in two layers with 3-0 then 4-0 PDS.