

PEDIATRIC SURGERY

Duodenal atresia repair

Preference Card

1. Transverse RUQ incision.
2. Identify the proximal duodenum and place two transversely oriented 5-0 PDS stays near the end of the atretic segment. Make a transverse duodenotomy between the stays. Take care not to injure the ampulla medially.
3. Place two vertically oriented PDS stays on the distal duodenum or jejunum and make a longitudinal enterotomy between them. This is in preparation for a "diamond" anastomosis. Now place a 10 Fr red rubber catheter into the distal bowel and instill saline to be sure that there are no distal atresias. You must follow the saline all the way through the colon.
4. Place a 5-0 PDS from midpoint of lower edge of proximal duodenotomy to the upper apex of distal duodenotomy. Snap, don't tie. Lay in the rest of this back wall of the anastomosis--laying all the sutures in without tying. When done, tie all these--knots will be on inside.
5. Pass a weighted Dobhoff catheter from nose to stomach and guide it across the anastomosis. This will allow for jejunal feedings to be started immediately after the operation.
6. Complete the front side of the anastomosis with 5-0 PDS. Still keep the ampulla in mind.
7. Close fascia in 2 layers with 3-0 and 4-0 PDS.