Safe introduction of ancillary trocars in gynecological surgery: the "yellow island" anatomical landmark.

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ABSTRACT

AIM: This technical note aims to suggest a safe introduction of ancillary trocars in gynaecological surgery, in order to prevent inferior epigastric artery damage.

MATERIAL OF STUDY: We performed a narrative overview, synthesizing the findings of literature retrieved from searches of computerized databases.

RESULTS: Among the different techniques, the identification of the "yellow island" as anatomical landmark seems to be a useful aid to avoid complication. This particular landmark is identified taking the lateral third of a line between the anterior superior iliac spine and the umbilicus as reference points, by a subperitoneal accumulation of adipose tissue located in that area.

DISCUSSION: "Yellow island" could be considered a safe place for trocars introduction because epigastric artery never runs there, even in patients with particular anatomical variants. This technique is particularly useful in obese patients, in which "yellow island" appears to be more evident respect to lean ones. Furthermore, the use of "open" trocars insertion may reduce the possibility of epigastric artery lesions respect to "Verres needle technique".

CONCLUSION: The identification of the "yellow island" anatomical landmark could be considered an useful aid for the safe introduction of ancillary trocars in gynaecological surgery.

KEY WORDS: Gynaecology, Laparoscopic surgery, Trocars placement.