



THIRD ANNUAL
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*International Society
for the Study of Pleura
and Peritoneum*



PERITONEAL ASSESSMENT

LAPAROSCOPIC ASSESSMENT OF THE PERITONEUM

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Advancing Innovative Therapies for Cancers That Invade the Peritoneum and the Pleura

Disclosures

- I do not have any relevant financial relationships.

This presentation and/or comments will provide a balanced, non-promotional, and evidence-based approach to all diagnostic, therapeutic and/or research related content.

Cultural Linguistic Competency (CLC) & Implicit Bias (IB)

STATE LAW:

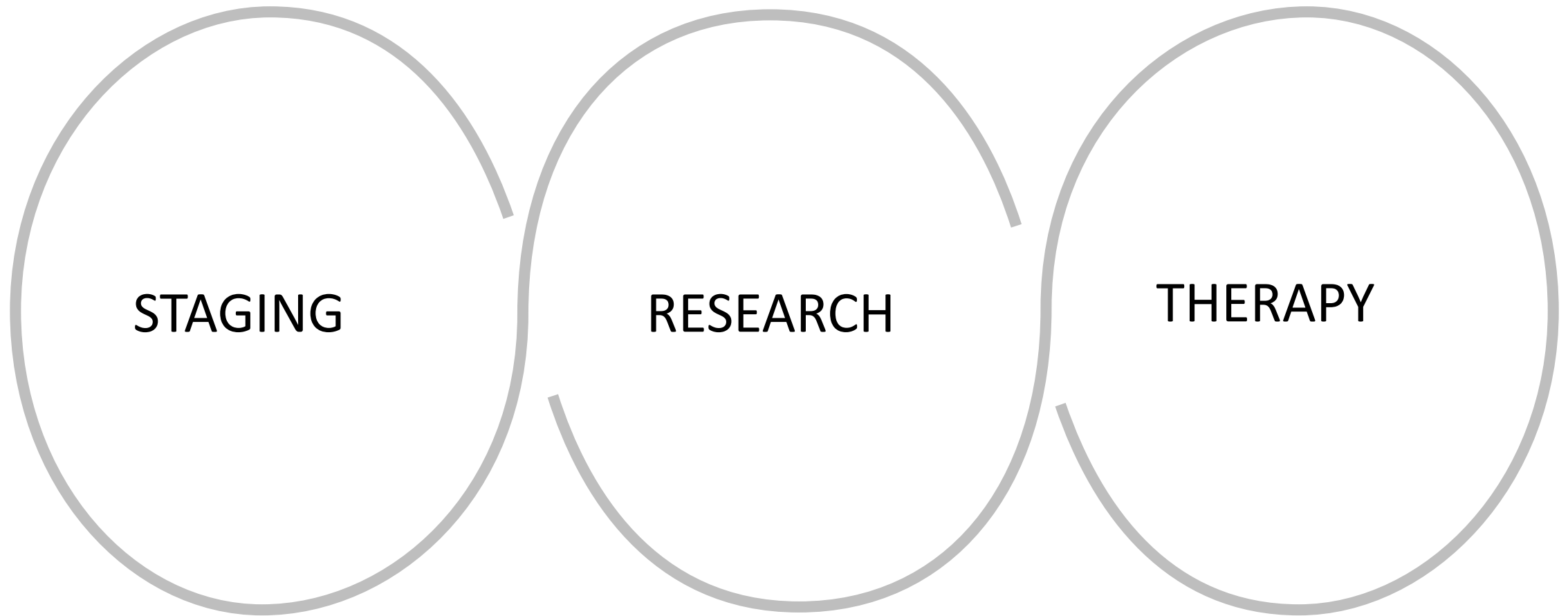
The California legislature has passed Assembly Bill (AB) 1195, which states that as of July 1, 2006, all Category 1 CME activities that relate to patient care must include a cultural diversity/linguistics component. It has also passed AB 241, which states that as of January 1, 2022, all continuing education courses for a physician and surgeon **must** contain curriculum that includes specified instruction in the understanding of implicit bias in medical treatment.

The cultural and linguistic competency (CLC) and implicit bias (IB) definitions reiterate how patients' diverse backgrounds may impact their access to care.

The following CLC & IB components will be addressed in this presentation:

- Biases that affect assessment of the peritoneum.
- Systematic exclusion of patients with peritoneal disease from clinical trials.

Laparoscopic Assessment of the Peritoneum



Using Celioscopy to Determine Stages of Intra-abdominal Malignant Neoplasms

Paul H. Sugarbaker, MD, Richard E. Wilson, MD

(*Arch Surg* 111:41-44, 1976)

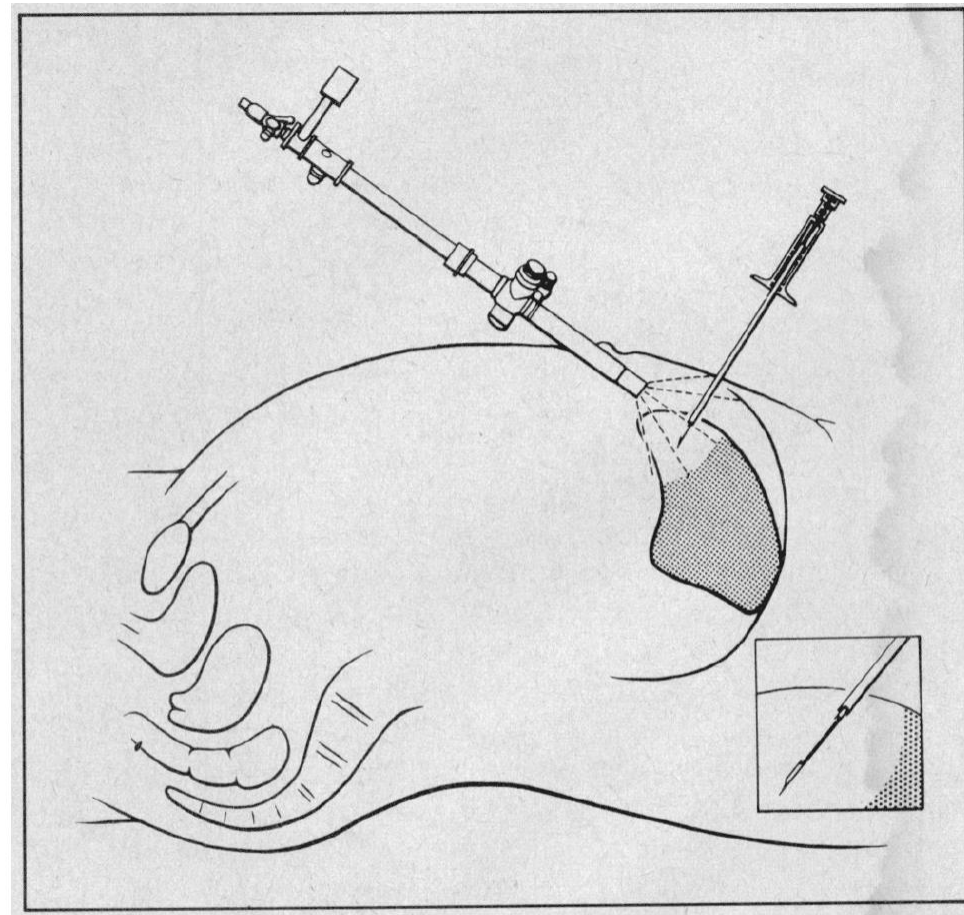
Celioscopy is one of the few technologic advances that has simultaneously led to reduced risk and reduced expense.¹ This surgical service, which had considerable celioscopy experience for gynecologic indications, sought to explore the value of celioscopy in the management of patients in whom the extent of intra-abdominal neoplasia was in question. We attempted to use the laparoscope to provide clinical information traditionally obtained only by exploratory laparotomy.

We were encouraged in this endeavor by recent technologic advances. Cold fiberoptic light, improved biopsy equipment, manometric control of insufflated gas, and adequate photographic apparatus have afforded better

Accepted for publication May 2, 1975.

From the Department of Surgery, Harvard Medical School at the Peter Bent Brigham Hospital, Boston.

Reprint requests to Peter Bent Brigham Hospital, 721 Huntington Ave, Boston, MA 02115 (Dr Sugarbaker).



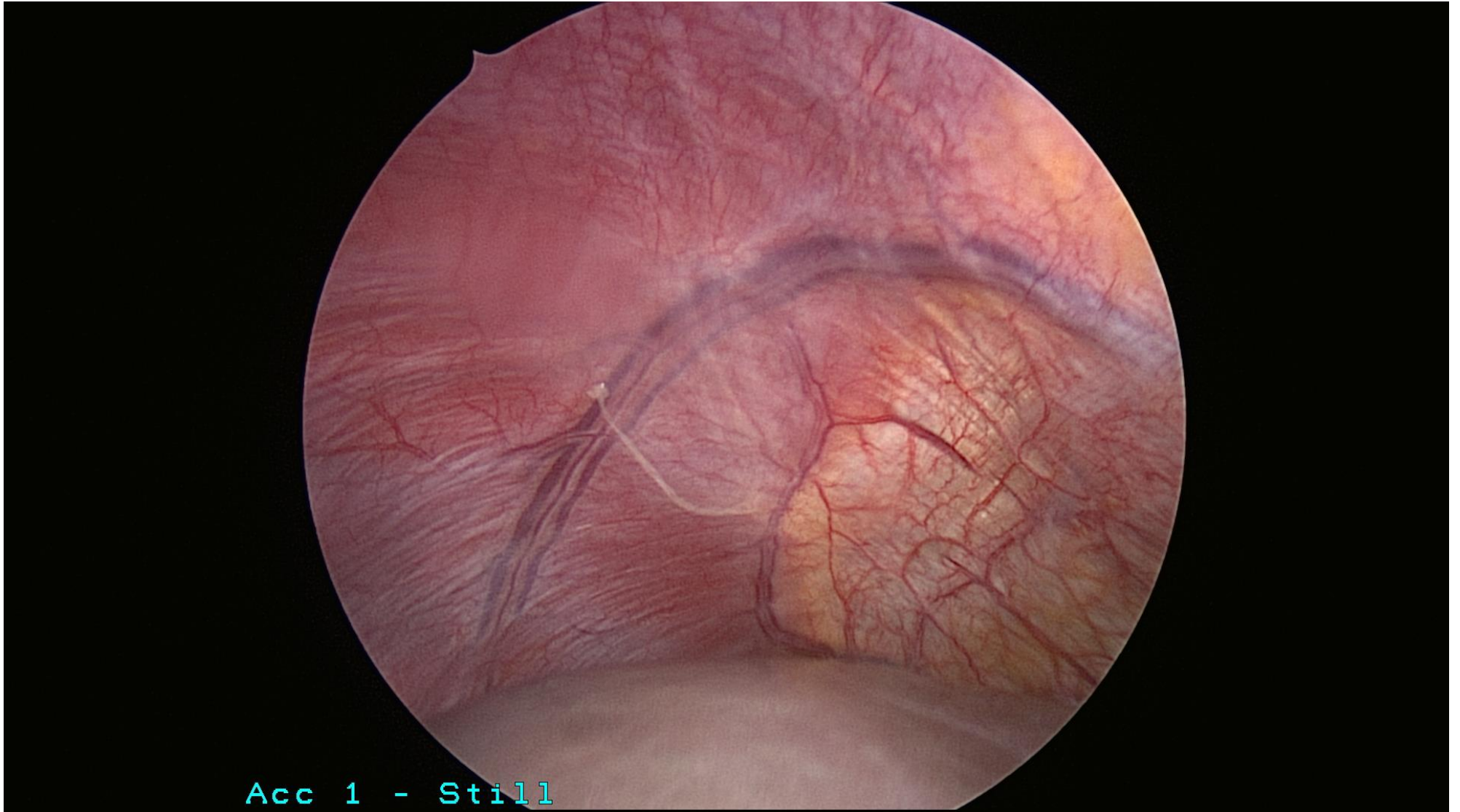
Celioscopy—Sugarbaker & Wilson 41

Technical Considerations

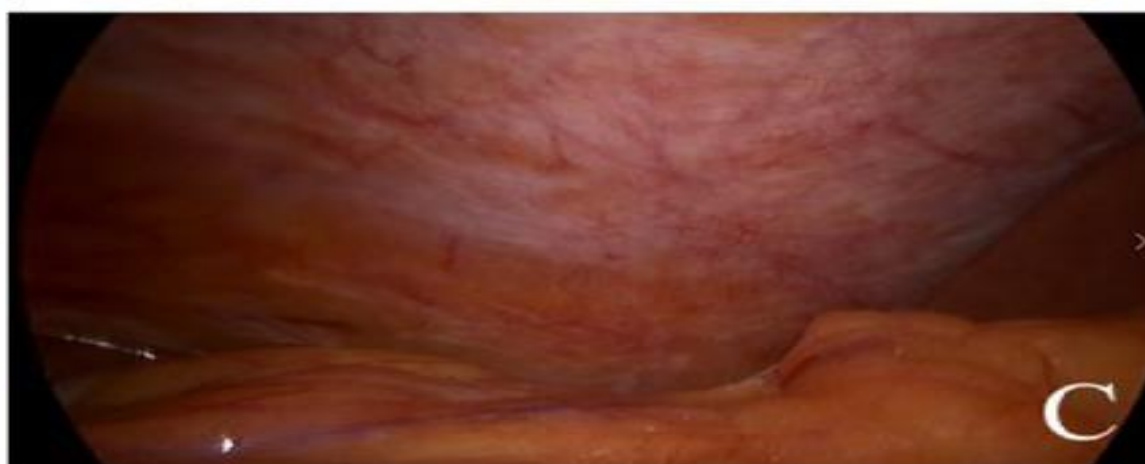
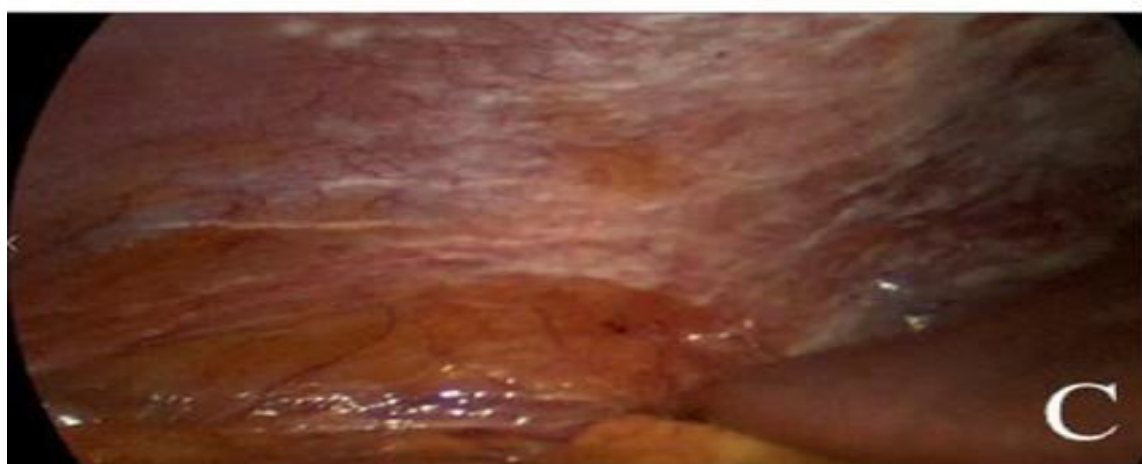
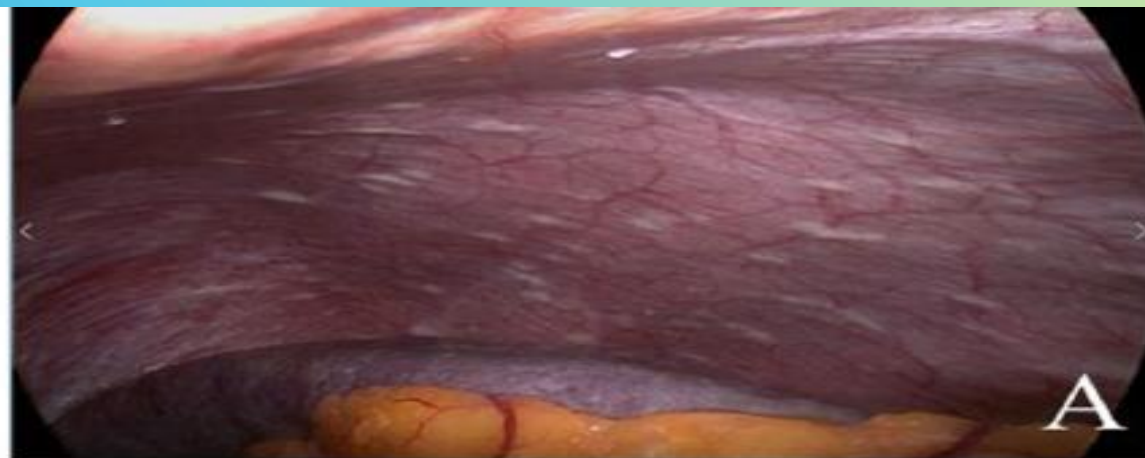
- 2 stage vs. 1 stage
- Hasson (open) vs. Veress vs. Optical
- Single port vs. Multiple vs. Single Incision

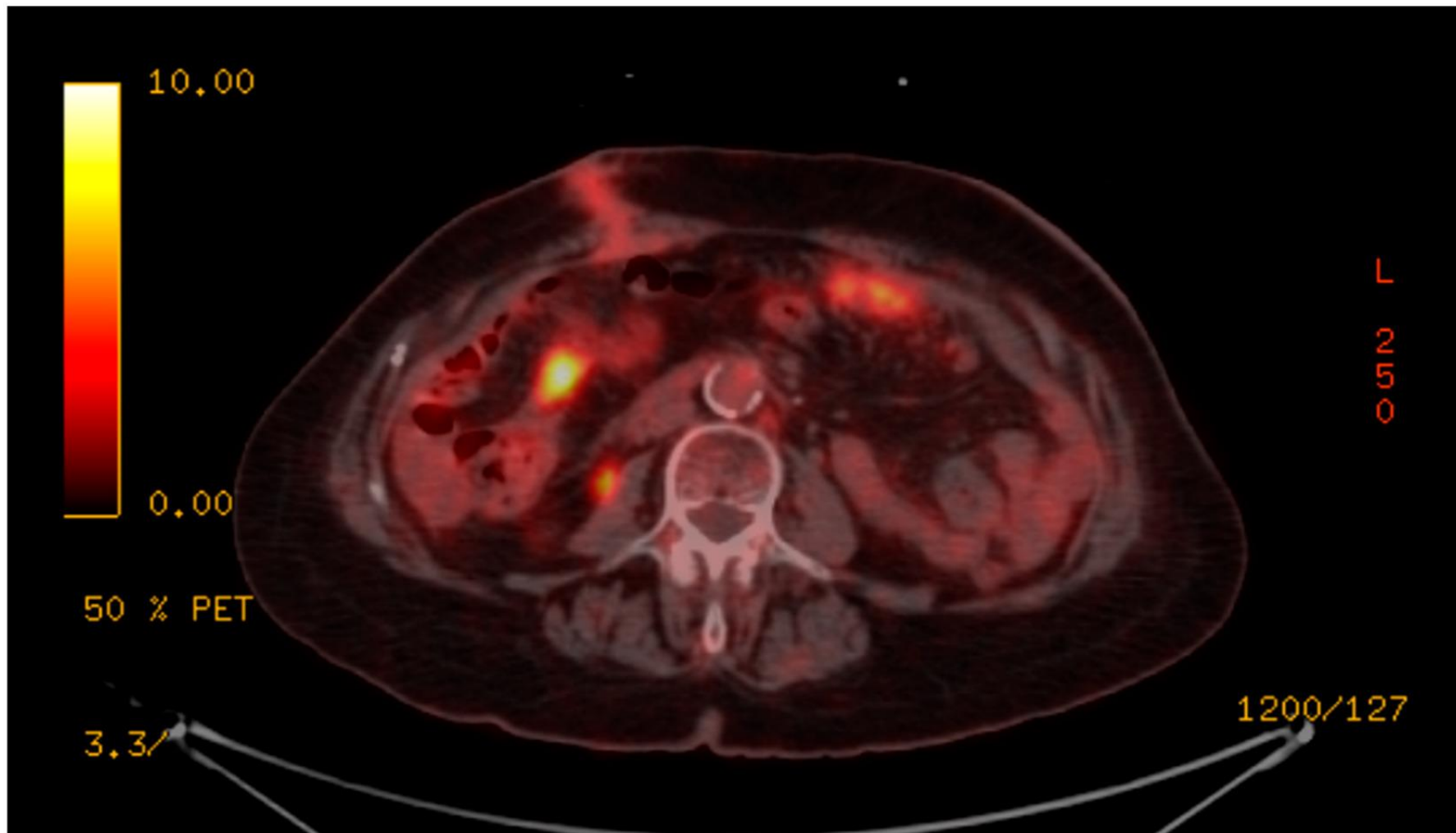
~~REDUCTION OF~~ UNNECESSARY LAPAROTOMY





Acc 1 - Still

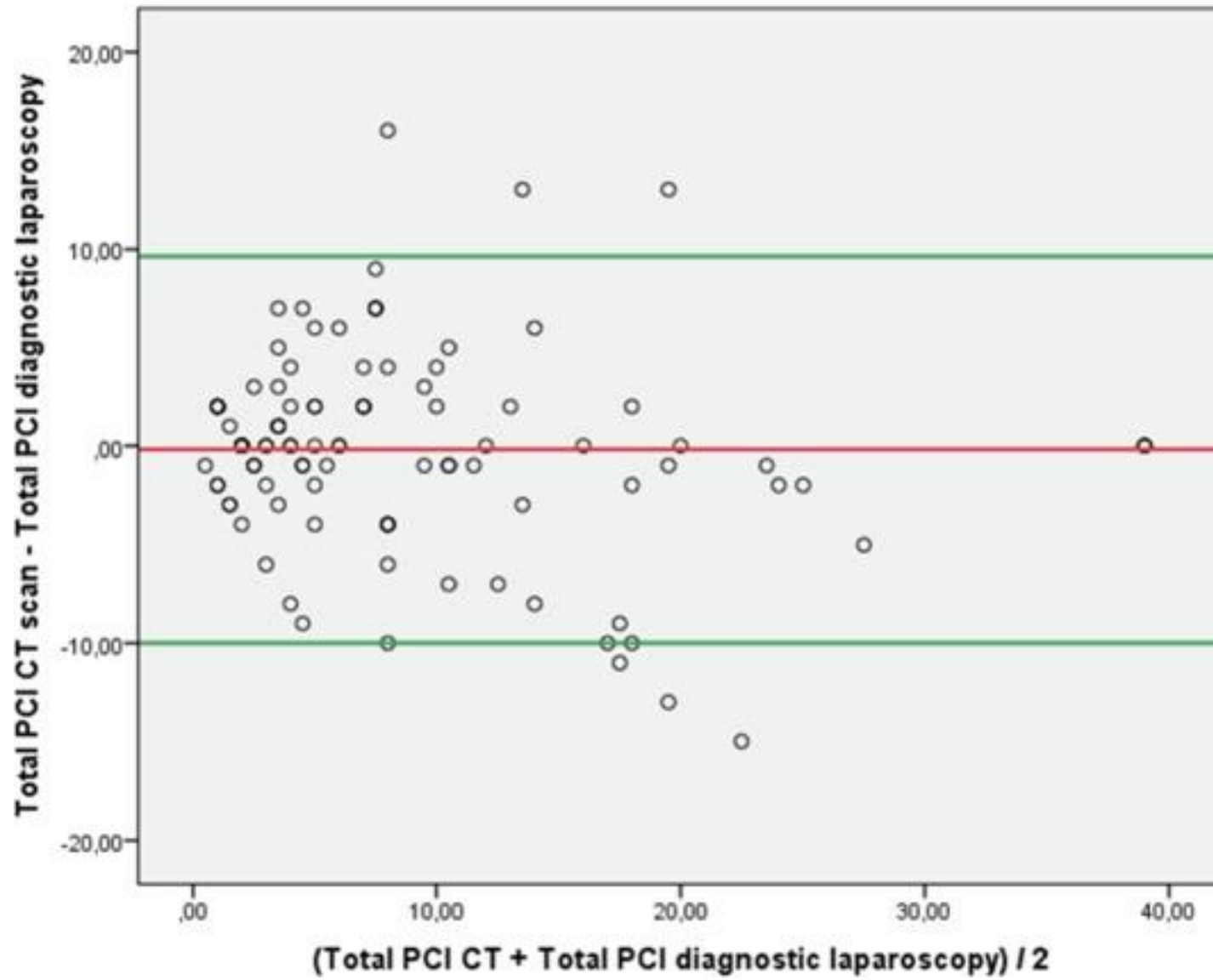




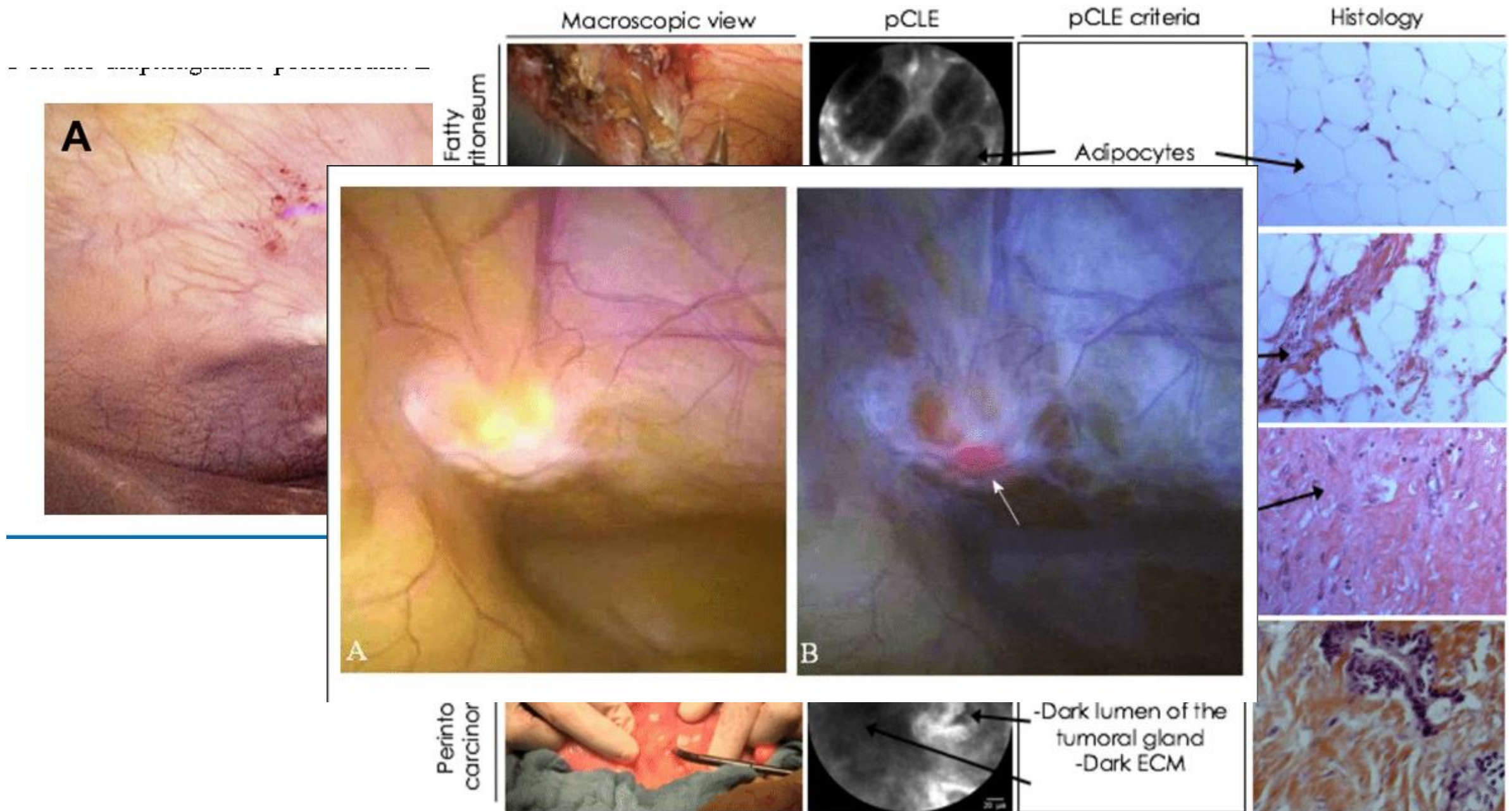
HISTOLOGY SPECIFIC (or is it survival dependent?)

0 20 40 60 80 100

Sampedro. Surg Oncol 2021



Leimkuhler Surg Oncol June 2020

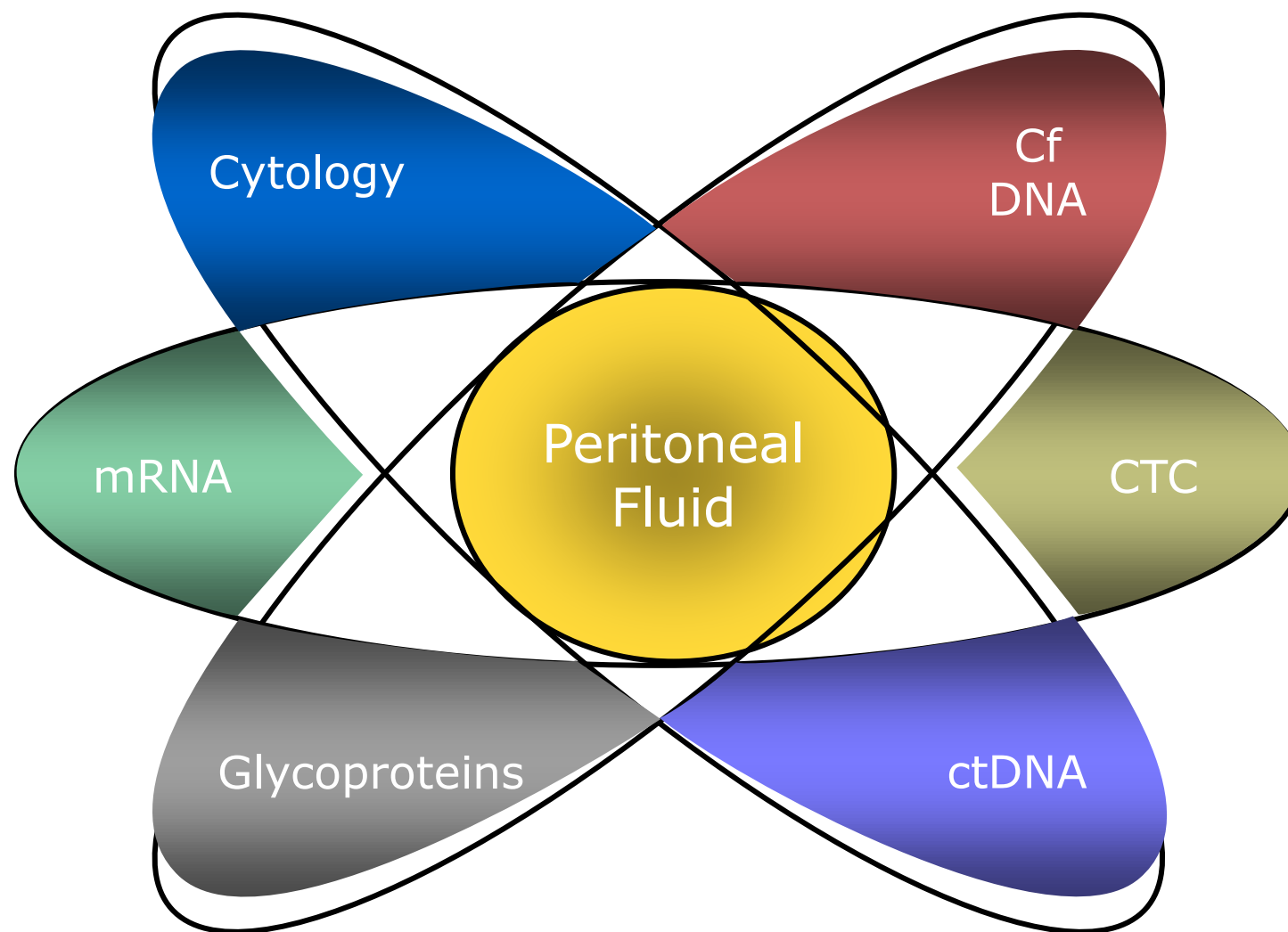


Published in Journal of minimally invasive gynecology 2013

[Narrow-band imaging in laparoscopic management of recurrent platinum sensitive ovarian cancer.](#) M. L. Gagliardi, S. Polito, A. Fagotti, F. Fanfani, G. Scambia

[Delta-Aminolevulinic Acid-Mediated Photodiagnoses in Surgical Oncology: A Historical Review of Clinical Trials](#)

Peritoneal Fluid



Summary

- Assessment of the peritoneum by laparoscopy requires thorough knowledge of anatomy, the disease and the limitations of the technology.
- Modern technology might augment laparoscopy and/or development of non-invasive technologies might obviate the need for laparoscopy.

Thank you