

Laparoscopic Techniques In Uro Oncology: The Definitive Guide to Advanced Surgical Techniques

By Dhiresh Kumar Maharjan

Laparoscopic Techniques In Uro Oncology is the most comprehensive and up-to-date guide to laparoscopic surgery for urologic cancers. Written by a team of experienced surgeons, this book covers everything from basic laparoscopic skills to advanced techniques for complex tumors. With over 1,000 high-quality illustrations, this book is an essential resource for any urologist who wants to master laparoscopic surgery.

Key Features

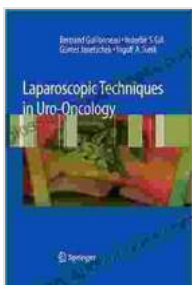
- Covers all aspects of laparoscopic surgery for urologic cancers, from basic skills to advanced techniques.
- Written by a team of experienced surgeons who have performed thousands of laparoscopic procedures.
- Over 1,000 high-quality illustrations provide clear guidance on surgical techniques.
- Step-by-step instructions make it easy to follow even the most complex procedures.
- Tips and tricks from experienced surgeons help you avoid pitfalls and achieve the best possible outcomes.

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About the Author

Dhiresk Kumar Maharjan is a Professor of Urology at the University of California, San Francisco. He is a world-renowned expert in laparoscopic surgery and has performed thousands of laparoscopic procedures. Dr. Maharjan is the author of numerous articles and book chapters on laparoscopic surgery.



Laparoscopic Techniques in Uro-Oncology

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★★★★★ 5 out of 5

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Screen Reader : Supported

Print length : 174 pages



Reviews

"Laparoscopic Techniques In Uro Oncology is the most comprehensive and up-to-date guide to laparoscopic surgery for urologic cancers. This book is an essential resource for any urologist who wants to master laparoscopic surgery." - **Dr. James A. Eastham, Professor of Urology, Vanderbilt University Medical Center**

"Dr. Maharjan has written a definitive guide to laparoscopic surgery for urologic cancers. This book is a must-have for any urologist who wants to stay up-to-date on the latest techniques." - **Dr. Peter S. Nelson, Professor of Urology, University of Washington School of Medicine**

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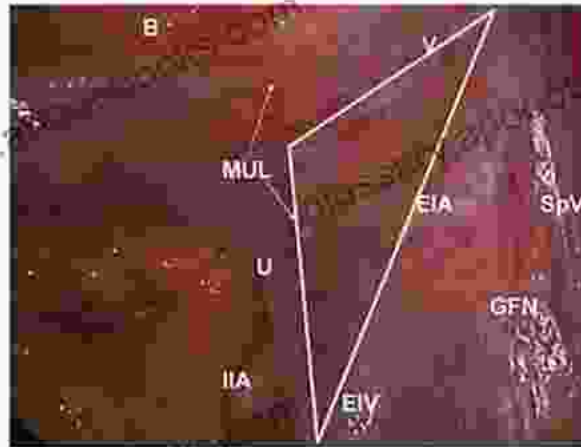


FIGURE 2.3 Base of the inguinal canal triangle composed of vas deferens (V) anteriorly, of medial umbilical ligament (MUL) medially, and of lateral aspect of external iliac vein (EIV) laterally; triangle contains tubular lymph nodes along with the spermatic neurovascular (spermatic) cord (vasilla). SpV = spermatic vein(s); EIA = external iliac artery; GFN = genital femoral nerve; IIA = iliac artery; U = umbilicus; IIA = inferior iliac artery.

Lateral Umbilical Ligaments

The anterior epigastric artery is a medial branch of the distal segment of the external iliac artery. It ascends along the medial margin of the deep inguinal ring, continues between the rectus abdominis muscle and the posterior lamina of its sheath, and then abuts on the anterior parietal peritoneum to create the lateral umbilical ligament. This ligament is the least pronounced of the three aforementioned peritoneal folds, and it is not always readily visualized. However, knowledge of its location is important to avoid injury to these vessels during either insertion of the lateral trocar or dissection of the space of Retzius.

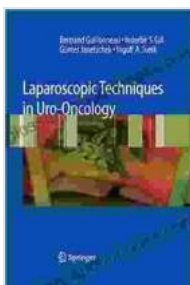
Spermatic Cords

The spermatic cord is formed by the convergence of the lymphovascular plexus draining the testes, the vas deferens, the corresponding nerves (the genital branch of the genitofemoral nerve and the

abdominal and sympathetic [peritoneal] plexus), and the gonadal vessels. The gonadal artery runs over the digastric muscle and joins the vas deferens before entering the deep inguinal ring. The gonadal veins ascend on the psoas major, behind the peritoneum, lying on each side of the gonadal artery. They unite to form a single vein, which opens on the right side at an acute angle into the inferior vena cava, and on the left side at a right angle into the left renal vein.

The vas deferens is rarely visible at the posterolateral aspect of the prostate but becomes more visible as its course becomes more superficial laterally as it crosses over the external iliac vessels.

Again, the vas deferens and the medial umbilical ligament are major landmarks for pelvic lymph node dissection; the careful incision of the parietal peritoneum lateral to the medial umbilical ligament and posterior to the vas deferens provides the initial access to the obturator forus. The external iliac vein can be immediately identified laterally, with the external iliac artery located further anterolaterally.



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