Laparoscopic Pyloromyotomy

1. Tiny infraumbilical stab with 11-blade then 3 mm scope. Pneumoperitoneum to 6 cm H2O.
2. R mid-abdominal stab with 11 then spread a bit with snap so that grasper can be placed.
3. Small LUQ stab, don't spread. Just big enough to get the pyloric spreader in.

4. Get a good hold on the duodenum just distal to the pylorus.
5. Invaginate the gastric end of the olive to confirm the extent of the hypertrophy using the unopened knife.

6. Make a good, deep incision then split with one jaw of the spreader.
7. Spread until it looks complete & you can invaginate again to be sure of the extent. Be sure that top and bottom of the myotomy move independently.

8. Close the skin with dermabond.