# Roux-en-Y Gastric Bypass — OR Staff Checklist

Robotic · Instruments & Supplies by Step

## 1 Patient Positioning & Setup

— Patient supine (split-leg or arms out), verified NPO, time-out completed, SCDs applied before induction.

### INSTRUMENTS

- [ ] Laparoscopic tower & camera system
- [ ] 0° laparoscope (5mm)
- [ ] $CO_2$ insufflator & tubing
- [ ] Nathanson liver retractor
- [ ] Retractor arm / table mount

### SUPPLIES

- [ ] Sequential compression devices (SCDs)
- [ ] Foley catheter kit (BMI >50 only)
- [ ] Warming blanket (Bear Hugger)
- [ ] Safety strap / padded arm boards
- [ ] 40 F ViSiGi OG tube (anesthesia places)
- [ ] Skin prep solution (Chlorhexidine)
- [ ] Sterile drapes

**Notes:** Confirm latex/tape allergy. Anesthesia places OG tube. Verify patient weight for table capacity limit.

## 2 Abdominal Access & Port Placement

— Pneumoperitoneum established; 5–6 trocars placed under laparoscopic visualization.

### INSTRUMENTS

- [ ] Veress needle (long)
- [ ] 5mm FIOS optical trocar
- [ ] 12mm robotic trocars ×2
- [ ] 8mm robotic trocars ×2
- [ ] 12mm regular trocar ×1
- [ ] Laparoscopic atraumatic graspers

### SUPPLIES

- [ ] Insufflation settings: 17 mmHg pressure, 40 L/min flow
- [ ] 10 mL syringe + saline for Veress test
- [ ] 10 blade scalpel ×2
- [ ] 0-Vicryl fascial suture
- [ ] TAP block ×2
- [ ] Skin marker and ruler

**Notes:** Standard 5-port layout. Have extra 5mm port available. Confirm $CO_2$ tank before starting.

## 3 Robot Docking & Instrument Setup

— Robot docked to ports; robotic instruments loaded and confirmed; sutures and hemostatic agents prepared on back table before docking complete.

### INSTRUMENTS

- [ ] Cadiere forceps ×2 (no tip-up)
- [ ] Vessel sealer
- [ ] SurForm stapler — DO NOT open loads until instructed
- [ ] 1× blue staple load in room (do not open)
- [ ] 8× white staple loads in room (do not open)

### SUPPLIES

- [ ] Vistaseal 10 mL — open to thaw now
- [ ] M-close device — open now
- [ ] Back table — 1× 9" absorbable V-Loc (violet)
- [ ] Back table — 2× 9" nonabsorbable V-Loc (turquoise)
- [ ] Back table — 2× 9" 3-0 Vicryl sutures
- [ ] Back table — 2× uncut 0 Vicryl (for M-close device)
- [ ] Anesthesia: prepare ICG for pouch leak testing

**Notes:** ⚠ Staple loads stay sealed until surgeon calls for them — do not open proactively. Confirm Vistaseal is thawing and ICG is being prepared by anesthesia before docking complete.

## 4 Gastric Pouch Creation

— Omentum divided, lesser sac entered, 4 cm gastric pouch created along lesser curvature with robotic stapler.

### INSTRUMENTS

- [ ] SurForm stapler
- [ ] 1× blue staple load (pass when called)
- [ ] 4× white staple loads (pass when called — do not open early)
- [ ] Vessel sealer
- [ ] Scissors with heat
- [ ] Mega suture cut

### SURGICAL STEPS

- [ ] Divide omentum
- [ ] Count PB to 75 cm
- [ ] Attach bowel to remnant
- [ ] Enter lesser sac
- [ ] Confirm no bougie in stomach
- [ ] 4 cm pouch creation

**Notes:** Pass staple loads only when called. Blue load first, then white. Do not open extra loads ahead of time.

## 5 GJ Anastomosis — Gastrojejunostomy created between gastric pouch and Roux limb using robotic stapler and V-Loc closure.

**INSTRUMENTS**

- [ ] Scissors with heat
- [ ] Vessel sealer
- [ ] Mega suture cut

**SURGICAL STEPS**

- [ ] Bougie advanced to push out to end of pouch
- [ ] Scissors used to enter stomach
- [ ] Vessel sealer used to enter bowel
- [ ] White load for GJ anastomosis
- [ ] Closure with absorbable V-Loc (violet, 9")

**Notes:** Have absorbable V-Loc (violet) ready for closure. Confirm bougie position before entering stomach.

## 6 Close Defects / Testing — Mesenteric defects closed, omega loop divided, GJ tested with ICG, omega mesentery divided.

**INSTRUMENTS**

- [ ] Permanent V-Loc
- [ ] ICG (indocyanine green — via anesthesia)
- [ ] 1× white staple load
- [ ] SurForm stapler
- [ ] Vessel sealer

**SURGICAL STEPS**

- [ ] Close retro space
- [ ] Divide omega loop
- [ ] Test GJ with ICG
- [ ] Divide omega mesentery with vessel sealer

**Notes:** Confirm ICG is prepared and ready before GJ testing. Vessel sealer used for omega mesentery division.

## 7 JJ Anastomosis — Roux limb measured 150 cm counterclockwise; jejunojejunostomy (H anastomosis) created.

**INSTRUMENTS**

- [ ] SurForm stapler
- [ ] 4× white staple loads

**SURGICAL STEPS**

- [ ] Count Roux counterclockwise 150 cm
- [ ] Create enterotomies in Roux and pancreaticobiliary limb
- [ ] Create H anastomosis
- [ ] Prepare endoscope

**Notes:** Count Roux 150 cm counterclockwise — confirm with surgeon. Have endoscope prepared and ready for Step 8.

## 8 Finishing Steps — Defect closed, endoscopy performed, hemostatic glue applied, Schauerer cap placed.

**INSTRUMENTS**

- [ ] Permanent V-Loc
- [ ] Endoscope
- [ ] Vistaseal
- [ ] Vicryl

**SURGICAL STEPS**

- [ ] Close defect
- [ ] Perform endoscopy
- [ ] Apply glue (Vistaseal)
- [ ] Schauerer cap

**Notes:** Vistaseal must be thawed — confirm before this step. Endoscope should already be prepped from Step 7. Apply Schauerer cap after glue.

## 9 Closure — Counts verified, fascial defects closed, skin closed, Dermabond applied, final time out.

**INSTRUMENTS**

- [ ] M-close device
- [ ] 0-Vicryl ×2
- [ ] Monocryl
- [ ] Dermabond

**SURGICAL STEPS**

- [ ] Initial count
- [ ] Close fascial defects
- [ ] Close skin
- [ ] Apply Dermabond
- [ ] Final count
- [ ] Time out

**Notes:** Initial AND final counts required. Close all fascial defects before skin. Confirm count reconciled before time out.

**REMINDERS**

□ Sponge & instrument count before desufflation · □ Verify surgeon preference card night before case · □ Confirm GJ technique with attending · □ $CO_2$ tank level checked before start