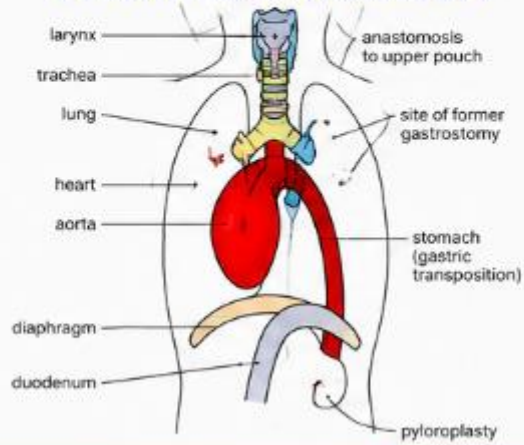


LAPAROSCOPIC GASTRIC PULL-UP IN A 5KG BABY

PEDIATRIC LAPAROSCOPY



Laparoscopic Gastric Pull-Up in a 5 kg Baby

Overview

A 5 kg infant was diagnosed with **long-gap esophageal atresia**, a complex congenital anomaly where there is a discontinuity of the esophagus, making oral feeding impossible. Such cases require staged or definitive surgical correction to restore gastrointestinal continuity.

Procedure

A **laparoscopy-assisted gastric pull-up surgery** was performed under general anesthesia. The stomach was carefully mobilized laparoscopically, preserving its vascular supply, and transposed into the chest to anastomose with the proximal esophageal segment. The minimally invasive approach reduced operative trauma and avoided the need for extensive open thoracoabdominal surgery.

Outcome

The postoperative period was stable with:

- Successful esophageal continuity restoration
- Gradual initiation and tolerance of feeds
- No anastomotic leak or major complications

Key Highlights

- Advanced **pediatric laparoscopic surgery in a low-weight infant**
- Avoidance of large open surgical incision
- Faster recovery with reduced postoperative pain and minimal scarring
- Demonstrates expertise in **neonatal and infant minimally invasive surgery in Thane**