

An Implantable Port for Office Laparoscopy: The AbView Access Port

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Due to the tendency of ovarian cancer to spread in small sections throughout the abdominal cavity, it is presently difficult to detect early stage cancer recurrence following the primary debulking of initial tumors. Because metastases may initially be isolated and too small to detect with conventional scanning techniques such as CT scan and MRI, direct laparoscopic examination of the peritoneal cavity is often conducted. At present, this must be performed in a full operating room, and with the patient under full anesthesia; as a result, such examinations are performed in-

frequently and at high costs. An implantable port has been designed which enables repeated access of a rigid tool such as a laparoscope to the abdominal cavity with only local anesthesia. The port consists of a tube and a suturing flange, inside of which is a tricuspid valve that prevents fluid backflow out of the peritoneal cavity, even at zero backpressure. The port is implanted through the abdominal wall and sutured to the fascia just below the skin at the time of the primary debulking. Then, when examination is necessary, a commercially available trocar can be inserted through the skin and fat under local anesthesia to interface with the port, thereby enabling all functionality of normal laparoscopic procedures with minimal impact to the patient. Thus, this device has the potential to enable rapid monitoring of metastases in an outpatient setting, and may also be used for drug delivery or biopsies.