

**Extraperitoneal Mobilization of the Omentum – Analysis of a Personal Series of 12 Patients**

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**Abstract**

*Objective:* The aim of the paper is to evaluate the results achieved after mobilization of the omentum outside the peritoneal cavity.

*Material and method:* Between 01.01.2006-01.01.2012, the main author has performed an extraperitoneal mobilization of the omentum in 12 patients. The indications for the use of this flap were: prophylactic filling of the remnant space after the Miles procedure – 4 cases, solving of some pelvi-subperitoneal and perineal complications after rectal surgery – 3 cases, covering of vascular prosthesis – 3 cases (2 of them with active infection) and closure of a post-pneumonectomy bronchial fistula – 1 case. The mobilization of the flap was performed by laparotomy – 10 cases, by laparoscopy – 1 case and transdiaphragmatic (thoracotomy) – 1 case; all the procedures were performed by the same team, with no assistance on behalf of a plastic surgeon.

*Results:* We have encountered one immediate postoperative death through myocardial infarction on postoperative day 12 (vascular prosthesis infection in a 75 years old patient). Based on the clinical and imagistic evaluation, we have encountered no necrosis of the omental flap. At late follow-up (1-5 years) we have encountered no significant complications related to the use of this flap.

*Conclusions:* The omentum is a solution for a great variety of defects located outside the peritoneal cavity; it's mobilization is relatively simple and does not involve a major morbidity. Knowledge of the omentum's anatomy and techniques of mobilization are mandatory in digestive, thoracic and vascular surgery.

**Key words:** omentum flap, extraperitoneal mobilization

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