PREOPERATIVE DIAGNOSIS:, Neurologic devastation secondary to nonaccidental trauma.,POSTOPERATIVE DIAGNOSES: , Neurologic devastation secondary to nonaccidental trauma.,PROCEDURE: , Laparoscopic G-tube placement (14-French 1.2-cm MIC-Key).,INDICATIONS FOR PROCEDURE: , This patient is a 5-month-old baby boy who presented unfortunately because of nonaccidental trauma. The patient suffered neurologic devastation. In order to facilitate enteral feedings, the plan is to place a G-tube as the patient cannot take by mouth. Consent was obtained by court order as the patient is a ward of the state.,DESCRIPTION OF PROCEDURE: ,The patient was taken to the operating room, placed supine, put under general endotracheal anesthesia. The patient's abdomen was prepped and draped in the usual sterile fashion. An incision was made through the umbilicus. Peritoneal cavity entered bluntly. A 5-mm trocar was introduced. Abdomen was insufflated with a 5-mm scope. No obvious pathology noted. We visualized the stomach. We chose the spot in the left upper quadrant for future G-tube site. I made a small incision on the skin there, put another 5-mm trocar at that site. Using a Babcock, we grasped the stomach along the greater curvature site for further G-tube. I pulled a knuckle of stomach through the incision and secured with 4-0 Vicryl. I then used 3-0 Prolene sutures as tacking sutures on either side of the future G-tube site taking full-thickness abdominal wall through stomach and back out the abdominal wall. I then pulled the knuckle of stomach back up through the incision, made a gastrotomy, and then put a

4-0 pursestring around the gastrotomy site, introduced the 14, 1.2- cm MIC-Key into the stomach. The gastrotomy site insufflated with 5 mL of saline. We then tied down the pursestring. On the laparoscopy, the G-tube looked to be in good position. I insufflated the stomach through the G-tube, which I did and removed air subsequently. I then placed 2 x 2 underneath the G-tube and tied down tacking sutures around the G-tube itself, placed the G-tube to gravity, desufflated the abdomen, closed the umbilical port site fascia with 3-0 Vicryl, closed skin with 5-0 Monocryl, and dressed with bacitracin, 2 x 2, and Steri-Strips. The patient was extubated in the operating room and taken back to recovery room. The patient tolerated the procedure well.