



Shaping Tomorrow's Nephrology: Insight-Driven Kidney Care

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A Novel Technique for Omental Management During Laparoscopic Peritoneal Dialysis Catheter Insertion

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Objectives : Catheter dysfunction remains a common complication of peritoneal dialysis (PD), with omental wrapping being a major mechanical cause of obstruction and technique failure. Surgical preventive strategies include omentectomy, omentopexy, or no intervention. However, omentectomy carries risks of bleeding and possible reduction of intra-abdominal immune defense, while omentopexy may result in ischemia, necrosis, pain, and recurrence. Obesity may increase omental volume and the risk of catheter obstruction. In Mongolia, recent data (2023–2024) show that 49% of adults are overweight or obese, and the World Health Organization (2022) reports a national obesity prevalence of 24%. Increased visceral fat may contribute to higher omental mass in this population. We evaluated a modified technique using controlled monopolar coagulation to reduce omental volume without resection.

Methods : This single-center observational study included 121 laparoscopic PD-related surgeries (after excluding 11 cases) with 1–3 years of follow-up. Omental management included coagulation (n=42), omentectomy (n=45), omentopexy (n=8), and no intervention (n=26). During laparoscopy, monopolar coagulation at 30 W was applied for 2–10 seconds along the inferior omental edge, reducing omental volume by approximately 15–20%.

Results : Baseline BMI was comparable across groups (mean 26.1–26.9 kg/m²). Compared with omentectomy, the coagulation group had no early postoperative bleeding (0 vs 3 cases), shorter operative time (61 vs 72 minutes), shorter hospital stay (2.0 vs 2.8 days), and lower peritonitis frequency (0.8 vs 1.2 episodes). One-year recurrence of obstruction was 0 in the coagulation group versus 1 after omentectomy. Recurrence was higher in the omentopexy and no-intervention groups.

Conclusions : Controlled omental coagulation appears to be a safe and effective alternative to omentectomy, reducing bleeding risk while preserving immune function. Further multicenter studies are warranted