

RECENT ADVANCES IN OPERATIVE LAPAROSCOPY

ESSAY

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INTRODUCTION

For centuries, people have been trying to look inside the abdomen but it is only relatively recently that the technology has been available to make this a meaningful possibility. (Gordon and Magos, 1989)

Laparoscopy is one of the most gynecologic operative procedures performed today and is being done with increasing frequency and safety.

(Gordon and Magos, 1989)

The incidence for gynecological laparoscopy have been greatly extended from its initial use as a diagnostic aid or a means of female sterilization, ovarian cystectomy, excision of endometriomas and even myomectomy and hysterectomy are now possible without open surgery. (Gordon and Magos, 1989)

Laparoscopic surgery demands a higher degree of skill than that required for diagnostic laparoscopy and simple procedures such as sterilization. Surgeons must learn new techniques, the use of unfamiliar instruments and also develop a comprehension and clinical judgement of the limits of operative laparoscopy.

(Gordon and Magos, 1989)

Operative laparoscopy should build on experience gained with conventional surgery, and above all a thorough understanding of intra-abdominal anatomy. The correct instruments are also essential. For these reasons, the operator should be an experienced laparoscopist preferably with a background of microsurgical techniques. (Semm and O'Neill-Freys, 1989)

At present, relatively few surgeons in Europe and North America are performing operative laparoscopy and are demonstrating its potential value. Compared to laparotomy there is an average reduction of 49 % in overall hospital costs and an 80 % reduction in laparotomy for tubal and ovarian disease has been achieved by Semm. To this must be added the benefits of a quicker return to normal activities and the consequent saving to the community. (Gordon and Magos, 1989)

Laser technology is undergoing rapid changes and even more impressive progress can be confidently expected. Procedures which in the past required open laparotomy to be successfully performed, can now be done with fiberoptic laser surgery. These fiberoptic lasers allow us to obtain good results with less risk, shortened operating room time and with reduced difficulty during surgery. (Bruhat et al., 1989)

The full potential of gynecological endoscopic surgery remains to be exploited. The day is sure to come when operative laparoscopy will replace most laparotomies. It is up to us to ensure that the day is not too far in the future.

(Gordon and Magos, 1989)
