Conclusion
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This study was carried out, to evaluate the role of diagnostic laparoscopy in non-acute abdominal conditions.

Total twelve patients who underwent diagnostic laparoscopy in Department of Surgery, M.L.B. Medical College, Jhansi over a period of sixteen months were followed from first day of admission till the discharge from the hospital.

On completion of the study and analysis of the data obtained, following conclusions were derived:

1. All twelve patients who underwent laparoscopic examination for non-acute abdominal conditions, etiology conclusive diagnosis were established (100%).

2. In three out of twelve patients (25%), bands and adhesions were found to be the cause of non-acute abdominal pain. Adhesiolysis was done in the same setting.

3. In four patients, out of twelve patients (33.3%) Koch's abdomen was diagnosed.

4. In three out of twelve patients (25%), recurrent appendicitis was diagnosed.

5. Two patients out of twelve patients were diagnosed as Non-Hodgkin's lymphoma and other as Gall-bladder carcinoma.

6. The commonest symptom was pain in abdomen, which was found in eleven out of twelve patients (91.3%), followed by nausea, vomiting, loss of appetite (6 patients, 50%), paucity of flatus (6 patients, 50%), weight loss (5 patients, 41.7%), Mobile abdomen lump (4 patients, 33.3%), altered bowel habits (3 patients, 25%), distention of abdomen (3 patients, 25%).

7. On physical examination anaemia was found commonest (6 patients, 50%), followed by tenderness on P/A (5 patients, 41.7%), Ascites (2 patients, 16.7%), lymphadenopathy (2 patients, 16.7%), lump in
abdomen (2 patients, 16.7%). In seven out of twelve patients per abdomen examination was within normal limits (56.3%).

8. All twelve patients underwent Ultrasonographic examination of abdomen (100%). In three out of twelve patients (25%) X-ray abdomen was also done.

9. Ultrasonography was inconclusive of diagnosis in seven patients out of twelve patients (58.3%). In two patients out of twelve patients (16.7%) ultrasonography detected ascites. Distended bowel loops were reported in 3 patients (25%). X-ray abdomen supported the diagnosis of ultrasonography in one patient out of three, who underwent X-ray abdomen, rest two patients are normal.

10. General anesthesia was used in seven out of twelve patients (58.3%). In five patients (41.7%) spinal anesthesia was used, so general anesthesia was the most preferred anesthesia.

11. Adhesions were noted in seven patients out of twelve (58.3%). Three patients had bands and adhesions (25%). Four patients had tubercular adhesions (33.3%). In three out of twelve patients (25%) ascites was detected laparoscopically, while ultrasonography detected ascites in two patients (16.7%).

12. Three out of twelve patients had bands around bowel. One patient had stricture and four patients had tubercles on peritoneal surface (33.3%).

13. Two patients had lump. One patient had Gall-bladder carcinoma lump and another had ileocecal tuberculosis lump.

14. Laparoscopic guided biopsies were taken in two patients (16.7%). In one patient biopsy was defined to FNAC, which was taken in one patient.

15. Both laparoscopic guided biopsies were confirmatory (100%).

16. No post-operative complications occurred in any of the patients studied.

17. No operative mortality happened.
18. No aggravation of pain complained by any of the patients after the procedure during the follow up.
19. Mean operative time was 23 minutes.
20. Average post-operative hospital stay was 3.3 days.
21. Laparotomy was not needed in any of the patients.

In conclusion, diagnostic laparoscopy plays a prominent role in the diagnosis of non-acute abdominal conditions, than all other tests, under investigations. It is relatively quick to carry out and it can be performed with minimal morbidity, mortality and of course vision biopsy.

The limitations include cost, operation theatre time and delay in starting treatment. We believe that any of these disadvantages are offset by the avoidance of unnecessary laparotomy.