Summary
SUMMARY

In the 21st Century, Laparoscopy no longer occupies a small niche in general surgery. In fact, it is estimated that currently more than 30% of all abdominal surgery are performed laparoscopically. As new laparoscopic procedures are perfected, many experts believe that within the next few decades nearly 80% of all abdominal surgeries will be performed using laparoscopic techniques.

The study was conducted on patients presenting with signs and symptoms suggestive of any non-acute intestinal pathology in the out-patient department of MLB Medical College, Jhansi in the Department of Surgery over the past one year.

Later the patient included in the study were divided into 2 categories -


II – Those subjected to open surgical procedures.

AIM OF STUDY

The basic aim of the conducted study over the last year was to compare and analyse the results of patients under group I with those of group II in terms of -

a. Feasibility

b. Alternative feasibility of assisted laparoscopic intervention

c. Operative time

d. Post operative pain relief

e. Discharge time

f. Return to work time

g. Complications

All the patients were subjected to therapeutic laparoscopic interventional procedures.

Following conclusions were drawn from this study -
• The commonest non-acute intestinal pathology was Recurrent Appendicitis (8 cases, 40%)

• Majority of the cases were seen in the age group 10-25 years (55%)

• Male to Female ratio was 0 81

• The commonest symptom was Pain in abdomen which was found in 19 patients (95%), followed by Nausea/Vomiting (10 patients, 50%)

• All the 20 cases were subjected to therapeutic laparoscopic interventions

• Mean operative time (in minutes) for different laparoscopic procedures were as follows -
  Lap Appendectomy – 23 min
  Lap Adhesiolysis – 30 min
  Lap Rectopexy – 80 min
  Lap Assisted Right Hemicolecotomy – 72 min

• Average duration of Hospital Stay (in days) in different procedures -
  Lap Appendectomy – 2 days
  Lap Adhesiolysis – 4 days
  Lap Rectopexy - 5½ days
  Lap Assisted (R) Hemicolecotomy – 8 days

• Approximate number of painkiller injections given in the post-operative period
  Lap Appendectomy – 3 ampoules
  Lap Adhesiolysis – 3 ampoules
  Lap Rectopexy – 5 ampoules
  Lap Assisted (R) Hemicolecotomy – 6 5 ampoules
None of our cases subjected to laparoscopic intervention needed conversion.

None of our cases had significant intra operative or post operative complications.

The next important area for development may be the human-computer interface systems, which will greatly expand the sense of being able to perform laparoscopic surgery with the same tactile sense as open surgery. This will take significant investment and research but would represent a meshing of technological advances that has unlimited potential. At least for today’s surgeon the sky is the limit for creative enterprise, so let us seize the moment and move our specialties forward in a way and on a scale that may not happen again for many generations.