DISCUSSION
Current study of 100 patients showed that, CO₂ laser was successfully used in treating soft tissue pathology with great precision and fewer complications. CO₂ laser can be used for treating wide range of lesions ranging from benign lesions to malignant lesions. Mitashi et al (1976) described the interaction of CO₂ laser with human tissue.

In our study 3 cases of bleeding were noted. This might be due to the fact that CO₂ laser beam closes disrupted arteries, veins and lymphatic vessels up to 500 micrometer. And rest of cases had no bleeding as laser has haemostatic effect. This haemostatic property of co2 laser increases the visibility of the surgical site. As a result, we observed significant reduction in surgery time, particularly in cases of larynx and oral cavity where achieving haemostasis and good visibility is important factor.

In our study, no case with infection or cross infection was noted in laser operated wound as no direct contact was required with the tissue and the tip of the probe. However, Madden et al. (1970) suggested that the laserted area allows the growth of bacteria, and Luonamen and Meurman (1986) suggested that microorganisms colonize laser damaged area as the area remains dry after irradiation.

No accident involving the use of co2 laser was observed in our study.

Except 2 cases of laser tonsillectomy, no patient in our study complained severe pain. Only 2 patients of laser tonsillectomy complained severe pain, operated by laser. The pain was found to be significantly lower after a CO₂ laser resection as compare to scalpel resection with conventional wound care, e.g. dressing or suturing.
In our study we observed inflammatory oedema in 8% cases in first post operative week. We found reduced postoperative oedema, pain and swelling as compare to conventional scalpel surgery\textsuperscript{39-43}. This is attributed to the inhibition of extravasations of blood and lymph fluid to the surface of the wound\textsuperscript{44,45}.

A laser does not crush, tear or bruise the tissue; wound did not require suturing\textsuperscript{34,35,46}, dressing and healed by secondary intention in our study\textsuperscript{31,47}. Hence best results were obtained in our study due to reduced cicatrisation and wound contracture\textsuperscript{27,29}.

In our study, post operative slough was present with minimal granulations with co2 laser surgery. It was found that the thermal damage around the laser incision is responsible for a slough formation and little delayed in healing process as compare to scalpel incision. This mainly applies to the first 7 days of wound healing with regard to histological and biochemical parameters\textsuperscript{48} and coincides with delayed inflammation\textsuperscript{41}. A compete wound closure was found after 3 weeks after surgery, similar to scalpel and electrosurgical wounds.

In our study, 9 cases reported late granulations (6 larynx, 3 oral cavity and one nose). This might be due to the nature of the lesion in most of the patients. Such patients were kept in observation and required regular follow up every weekly for first 1\textsuperscript{st} month and monthly for 6 months.

On our study 45 were treated on OPD basis while rests 55 were admitted to hospital. With the use of laser the number of patients operated under local anaesthesia and on OPD basis has significantly increased.
For patients it is advantageous in form of:

(a) Less postoperative pain, less apparent bleeding and swelling
(b) Reduced surgical time.
(c) Reduced cost of surgery as it becomes a daycare procedure
(d) Earlier return to work. Disadvantages are:

(a) Operative areas has to be equipped with oxygen and drugs and CPR
(b) Expert training is required
(c) Imprecisely aimed laser beam can destroy and burn healthy tissue
(d) Fire hazard has to be tackled with proper eye gear for surgeon and covering the patients face with water soaked drape.
(e) In cases of micro laryngeal laser assisted surgery laser flex endotracheal tubes has to be used
(f) Cost factor to the patient will be higher if the set up for LASER has to be made commercially viable.