SUMMARY

Acute appendicitis is one of the few surgical diseases encountered in which a correct preoperative diagnosis is not conclusive. Negative laparotomy rate average is 15% to 20% are considered acceptable.

Recent advances in laparoscopic technology have led to a dramatic re-evaluation of the surgical management of visceral pathology. Laparoscopic appendectomy is afeasible option in the management of acute appendicitis in most cases, it shortens hospital stay and diminish the risk of post operative infection.

The first laparoscopic appendicectomy actually predates the first laparoscopic cholecystectomy. The first case of laparoscopic removal of an appendix was reported by ***"Kurt Semm"*** in ***1983.***

The indications for laparoscopic appendectomy are not different from those for open appendectomy. The contraindications to the procedure depend largely on the surgeon's experience in laparoscopic surgery. Situations such as generalized peritonitis, untreatable bleeding disorders or complete bowel obstruction should be managed with laparotomy. Conditions such as previous right lower quadrant surgery, pregnancy or evidence of an abscess are considered relative contraindications and might be attempted depending on the skill of the surgeon.

Laparoscopic removal of an acutely inflammed appendix has considerable appeal in that the diagnosis of acute appendicitis can be varified, other pathologies in right iliac fossa can be identified and if feasible the appendix removed through alaparoscopic cannula thus

avoiding direct contact of contaminated contents with the abdominal wound.

Laparoscopic surgery has the advantage of minimal pain and disability, low cost when performed at economic scales, can be performed as outpatient procedures, short hospital stay, and has gained well-understood patient acceptance.

Similar to all other surgical manoeuvers, laparoscopy has its own complications. Some are recognized during the operation, while others develop in the postoperative period. During the operation, bleeding may occur from the abdominal wall vessels or intra-abdominally from an injured vessel or liver substance. An intra-abdominal organ may be damaged; the common bile duct, the urinary bladder and the intestinal loops being commonly vulnerable.