SUMMARY

The popularity and good results of Laparoscopic cholecystectomy have persuaded surgeons to apply the minimally invasive approach to the management of chronic duodenal ulcer disease .

Vagotomy of various types can be carried out via the laparoscopic approach , under the same conditions as apply to other forms of laparoscopic surgery .

Laparoscopic vagotomy according to Taylor is as effective and safe as open vagotomy in the treatment for duodenal ulcer disease untractable to medical therapy . This technique opens up new horizons in the treatment of duodenal ulcer as this theraputic modality is not invasive and outcome has been uniformly good .

In this work 42 patients were done laparoscopically as a management for chronic duodenal ulcer disease . 26 patients were complaining from chronic active duodenal ulcer unresponsive to medical treatment for 2 years , 4 patients were complaining from recurrent mild attacks of haematemesis while they are on proper medical treatment , 12 patients with cicatricial pyloric obstruction .

Induction of pneumoperitoneum was done by either the open or the closed method . 37 patients were done by the closed method , 5 patients were done by the open method due to obesity , upper abdominal scar and small umbilical hernia .

The average operative time was 101 minutes ranging from 60 to 150 minutes in laparoscopic posterior truncal vagotomy and anterior lesser curve seromyotomy and it was 130 minutes ranging from 100 to 180 minutes in laparoscopic bilateral truncal vagotomy and open gastro-jejunostomy .

Conversion to open surgery (vagotomy and gastro-jejunostomy) in this work was done in one patient due to dense peri-osophageal fat deposition with extensive vascularity .

Intra-operative difficulties was minimal in the form of : intra-peritoneal adhesion which could be dissected , excess fat in one patient which was converted to open surgery , bleeding from the entering trocars and it was controllable but there were no visceral bleeding .

Post-operative pain was tolerable in all patients and all patients were given 50 mg pathidine post-operativelly . Regain of intestinal sounds were within 24 hours after laparoscopic posterior truncal vagotomy and anterior lesser curve seromyotomy and within 48 - 72 hours after laparoscopic bilateral truncal vagotomy and open gastro-jejunostomy .

Long term post-operative follow up was done clinically and endoscopically at 4 , 8 , and 12 months intervals . Recurrence rate after laparoscopic posterior truncal vagotomy and anterior lesser curve seromyotomy was 3 patients out of 30 . Patients after laparoscopic bilateral truncal vagotomy and open gastro-jejunostomy were tolerating the operation well , one patients needed to be converted to Roux-en-Y due to marked biliary gastritis .

Laparoscopic posterior truncal vagotomy and anterior seromyotomy is a procedure that has been validated by multicentre studies and by controlled study at open surgery . It combines the rapidity and effectiveness of a truncal vagotomy with the advantage of maintaining the gastric antral pump with an ultraselective vagotomy .