SUMMARY AND CONCLUSION

There is no question that the 1990s present one of the most exciting times of change and challenge in general surgery. Laparoscopy; the new tool in the surgeon armamentarium has suddenly created a new interest in developing better ways of managing numerous surgical problems.

This study included 325 patients, categorized into 4 categaries according to the indication for surgery (Cholecystectomy, inguinal hernia repair, varicocelectomy and appendectomy group).

The results of the study were statistically analysed and the following conclusions were obtained.

Laparoscopic cholecystectomy offers all the efficacy and safety of traditional cholecystectomy without many of the undesirable aspects of traditional surgery.

Laparoscopic cholecystectomy hold several advantages over open cholecystectomy. It offers the patients significant benefits in terms of postoperative pain, length of hospitalization and return to normal activity in addition to improved consmoses.

Contraindications to laparoscopic cholecystectomy are shrinking. It is clear that, what previously were thought to be contraindication to laparoscopic cholecystectomy (acute cholecystitis, pregnancy, previous abdominal surgery and so on) are now being managed confidently and safely by laparoscopy.

As such, laparoscopic cholecystectomy is the treatment of choice for symptomatic gallbladder diseases.

Laparoscopic inguinal hernia repair by the transabdominal preperitoneal method is an efficient alternative to the open tension free repair.

Patients are relatively pain free following laparoscopic repair, have shorter hospital stay and can return to normal activity much quicker than following conventional hernia repair.

Laparoscopic hernia repair is the procedure of choice for recurrent and bilateral hernias.

Postoperative complications associated with groin approach such as neuromas, neuralgia, ischaemic orchitis and haematomas have been eliminated by the laparoscopic approach.

Laparoscopic varicocelectomy is essentially the same as high ligation but it gives better visualization of the spermatic veins, the collateral veins, artery, lymphatics and the vas deference.

Persistence or recurrence of varicocele was much lower after laparoscopic approach than after Palamo operation.

The incidence of hydrocele formation was much lower after laparoscopic approach than after Palomo operation.

Patients undergesing laparoscopic bilateral varicocelectomy experienced no appreciable increase in postoperative morbidity as interval to recovery.

As such, laparoscopic varix ligation provides a technique for varix ablation that minimizes morbidity, postoperative pain, hospital stay and time loss of work.

Laparoscopic appendectomy is a feasible option in the management of acute appendicitis.

Laparoscopy allows early and definitive diagnosis of appendicitis or other conditions which in turn improves the efficacy of the therapeutic measures and reduces the number of negative appendectomies especially in the female patients in the reproductive age.

Laparoscopic appendectomy offers distinct technical advantages over the conventional approach. It reduces postoperative pain, shortens the hospital stay, significantly reduces or nearly abolishes postoperative wound infection and allows early return to normal activity.

The two real problems of laparoscopic procedures are the cost of the procedure which is higher than for open surgery and the necessity for general anesthesia. The increased cost should be compared with the gain associated by the shorter hospital stay and quicker return to full by the majority of patients. The use of general anesthesia did not delay the discharge and should be outweighted by the gained advantages.