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No doubt that the last few years represent one of the most exciting times of change and challenge in general surgry. Laparoscopy, the new toll in the surgeon armamentarrium has suddenly created a new interest in developing better ways of managing numerous surgical problems.

The widespread acceptance of this technique has been largely propelled by public awarness that laparoscopic surgery is associated with less pain, shorter hospital stay, quicker return to normal activities, and better cosmotic results *(Mori et al., 1995).*

No other surgical development has had such a dramatic and pivotal impact on abdominal surgery as laparoscopy. Surgeons, have taken up the banner "why punish the skin, fat, and muscles"?. The extent of the incision seems to correlate with the length of the hospital stay, and the time to return to work. The ultimate goal is to achieve safe surgery, with the maximum benefit to the patient *(Nord, 1992).*

Laparoscopic surgery has two real problems which are the cost of the procedure, as the equipment are indespensible and should be available before proceeding. The second problem is the necessity of skilled training. Howevere, the increased cost should be compared with the gain associated by the shorter hospital stay and the quicker return to full activity by the majority of patients *(Mori et al., 1995).*

Laparoscopy is an innocuous rapid and elegant procedure in the hands of a well trained specialist. It can also be a source of errors and accidents if been put in the hands of those without proper training and proper spirit of continuous attention to all technical detalis, indispensable for total safety *(Schirmer, 1994).*

Laparoscopic complications may be classified into those common to all surgical interventions which include: anesthesia complications, bleeding, infection and postoperative complication. Complications which are specific for laparoscopy are pneumoperitoneum mishaps, penetrating injuries caused by the pneumoperitoneum needle and trocar, and coagulation injuries during theraeutic procedures ***(Nord, 1992).***

Cardiac arrhythmias ***(Mylos, 1989),*** changes in pulmonary function ***(Baratz and Karis, 1969),*** vascular gas embolization ***(Yacoub et al., 1982),*** subcutaneous emphysema ***(Bard and Chen, 1990)***, and properitoneal insufflution all we complication of pneumopretonium mishaps ***(Nord, 1992).***

Also penetrating injuries during laparoscopy include bleeding from the abdominal wall, perforation of large vascular structure, pentration of the stomach and intestinal perforation ***(Johns, 1993).***

While coagulation injuries involve skin burns, explosion of volatile gases or liquids and electrocution of both staff and the patient in addition to these problems, there are reported cases of electrocuatery injury during laparoscopy involved most intra-abdominal organs ***(McAnema and Willson, 1993).***

In addition to these complications there are many others related to the procedure itself e.g. C.B.D. injury during lap. Cholecystectomy, ***(McMahon et al., 1995),*** hydrocele after lap. Varicoclectomy ***(Szabo and Kessler, 1984),*** post operative pain which follows lap. appandectomy ***(Zaninotto et al., 1995),*** and nausea, vomiting and diarrhoea which are more or less common symptoms after lap. fundoplication ***(Lundell et al., 1994).***