
Laparoscopy in abdominal surgery diagnostic and therapeutic

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Laparoscopy is the visualization of the peritoneal cavity through the anterior abdominal wall with the use of an endoscope after the induction of pneumoperitoneum. The aim of the work is an essay to study the modern use of laparoscopy as a safe and accurate diagnostic and therapeutic procedure showing its advantages and limitations. The literature has been reviewed concerning the history since 1804 up to 1990, optical principles, instrumentations for laparoscopy, anaesthesia and indications which are classified into: Diagnostic indications as in blunt and penetrating abdominal injury, acute abdomen, hepatobiliary disease, ascitis of unknown origin, tuberculous peritonitis, palpable abdominal mass, fever of unknown origin, second look, abdominal diagnostic dilemma, chronic pain for unknown origin, oncology, cholangiography and in peritoneoscopic displacement of Tankhoff catheter for peritoneal dialysis. Therapeutic indications as in cholecystectomy, cholecystostomy, drainage of amoebic liver abscess, adhesiolysis, herniorrhaphy and appendicectomy. Contraindications to laparoscopy include absolute contraindication as gross intestinal distension, refractory blood dyscrasias, generalized peritonitis, decompensated cardiorespiratory disease, abdominal wall sepsis, antigen positive hepatitis, massive haemoperitoneum and massive hepatic insufficiency. Relative contraindications as hiatal hernia, previous surgical scars, morbid obesity, advanced pregnancy, huge intra-abdominal masses, immediate postpartum haemorrhage and bleeding disorders. Complications of laparoscopy include that of anaesthesia, creation of pneumoperitoneum, trocar insertion, operative procedures and other miscellaneous complications.