

Laparoscopic Surgery Types of laparoscopic and Treatment

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Introduction

A laparoscopy is one way to get a closer look at the organs in your abdomen and your reproductive organs. This procedure can be used to help diagnose different medical conditions and take biopsies – samples of tissue that are tested [1]. laparoscopy is generally a safe procedure with few complications. Laparoscopy is a type of surgical procedure that allows a surgeon to pierce the inside of the tummy (breadbasket) and pelvis without having to make large lacerations in the skin. This procedure is also known as keyhole surgery or minimally invasive surgery [2].

Laparoscopic surgery is a surgical fashion in which short, narrow tubes (trochars) are fitted into the tummy through small (lower than one centimeter) lacerations. Through these trochars, long, narrow instruments are fitted [3]. The surgeon uses these instruments to manipulate, cut, and suture towel.

Types of laparoscopic treatment include

- Hysterectomy, or junking of the uterus
- Junking of the ovaries
- Junking of ovarian excrescencies
- Junking of fibroids
- Blocking blood inflow to fibroids
- Endometrial towel ablation, which is a treatment for endometriosis
- Adhesion junking
- Reversal of a contraceptive surgery called tubal ligation
- Burch procedure for incontinence
- Vault suspense to treat a prolapsed uterus
- Cholecystectomy as seen through a laparoscope. Clockwise from the top left wing, the textbook reads Gallbladder, Cystic roadway, in bag coming out, and Cystic conduit.
- A telescopic rod lens system, generally connected to a videotape camera(single- chip or three- chip)
- A digital laparoscope where a atomic digital videotape camera is placed at the end of the laparoscope, barring the rod lens system
- The medium mentioned in the alternate type is substantially used

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to ameliorate the image quality of flexible endoscopes, replacing conventional fiberscopes [4]. Nonetheless, laparoscopes are rigid endoscopes. Severity is needed in clinical practice. The rod- lens-grounded laparoscopes dominate overwhelmingly in practice, due to their fine optic resolution (50 µm generally, dependent on the orifice size used in the objective lens), and the image quality can be better than that of the digital camera if necessary. The alternate type of laparoscope is veritably rare in the laparoscope request and in hospitals(citation demanded).

Laparoscopy (from Ancient Greek (lapára)) is an operation performed in the tummy or pelvis using small lacerations (generally 0.5 –1.5 cm) with the aid of a camera [5]. The laparoscope aids opinion or remedial interventions with a many small cuts in the tummy. Laparoscopic surgery, also called minimally invasive surgery (MIS), bandaid surgery, or keyhole surgery, is a ultramodern surgical fashion. There are a number of advantages to the case with laparoscopic surgery versus an exploratory laparotomy. These include reduced pain due to lower lacerations, reduced haemorrhaging, and shorter recovery time. The crucial element is the use of a laparoscope, a long fibre optic string system that allows viewing of the affected area by snaking the string from a more distant, but more fluently accessible position. Laparoscopy can be used to help diagnose a wide range of conditions that develop inside the tummy or pelvis. It can also be used to carry out surgical procedures, similar as removing a damaged or diseased organ, or removing a towel sample for farther testing (vivisection) [6].

Gynaecology - the study and treatment of conditions affecting the womanish reproductive system.

Gastroenterology - the study and treatment of conditions affecting the digestive system.

Urology - the study and treatment of conditions affecting the urinary system. Laparoscopy is a generally performed procedure and serious complications are rare.

Working this way has several advantages compared with traditional surgery. Because it involves lower slice

You have lower scars.

You get out of the sanitarium hastily.

You will feel less pain while the scars heal, and they heal hastily.

You get back to your normal conditioning sooner.

You may have lower internal scarring.

Serious complications after laparoscopy are estimated to do in 1 out of every, 000 cases. They include Damage to an organ, similar as your bowel or bladder, which could affect in the loss of organ function damage to a major roadway Complications arising from the use of carbon dioxide during the procedure, similar as the gas bubbles entering your modes or highways

Advantages

There are a number of advantages to the case with laparoscopic surgery versus an open procedure. These include

Reduced haemorrhaging, which reduces the chance of demanding a blood transfusion. Lower gash, which reduces pain and shortens recovery time, as well as performing in lower post-operative scarring.

Lower pain, leading to lower pain drug demanded.

Use of indigenous anaesthesia (with the recommendation of using a combined spinal and epidural anaesthesia) for laparoscopic surgery, as opposed to general anaesthesia needed for numerous non-laparoscopic procedures, can produce smaller complications and quicker recovery.

Although procedure times are generally slightly longer, sanitarium stay is less, and frequently with a same day discharge which leads to a briskly return to everyday living.

Reduced exposure of internal organs to possible external pollutants thereby reduced threat of acquiring infections. Although laparoscopy in grown-ups is extensively accepted, its advantages in children are questioned. Benefits of laparoscopy appear to retire with youngish age [7]. Efficacy of laparoscopy is inferior to open surgery in certain conditions similar as pyloromyotomy for immature hypertrophic pyloric stenosis. Although laparoscopic appendectomy has lower crack problems than open surgery, the former is associated with further intra-abdominal abscesses.

Disadvantages

While laparoscopic surgery is easily profitable in terms of patient issues, the procedure is more delicate from the surgeon's perspective when compared to conventional, open surgery

Laparoscopic surgery requires pneumoperitoneum for acceptable visualization and operative manipulation. The surgeon has a limited range of stir at the surgical point, performing in a loss

of dexterity Poor depth perception. The major problems during laparoscopic surgery are related to the cardiopulmonary effect of pneumoperitoneum, systemic carbon dioxide immersion, venous gas embolism, unintentional injuries to intra-abdominal structures and patient positioning.

The most significant pitfalls are from trocar injuries during insertion into the abdominal depression, as the trocar is generally fitted blindly. Injuries include abdominal wall hematoma, umbilical hernias, umbilical crack infection, and penetration of blood vessels or small or large bowel. The threat of similar injuries is increased in cases who have a low body mass indicator or have a history of previous abdominal surgery. While these injuries are rare, significant complications can do, and they're primarily related to the umbilical insertion point. Vascular injuries can affect in hemorrhage that may be life-hanging. Injuries to the bowel can beget a delayed peritonitis. It's veritably important that these injuries be honored as early as possible [8].

Laparoscopic surgery is as safe as traditional open surgery. At the morning of a laparoscopic operation the laparoscope is fitted through a small gash near the belly button (umbilicus). The surgeon originally inspects the tummy to determine whether laparoscopic surgery may be safe lyperformed. However, the surgeon may need to make a larger gash in order to complete the operation safely, if there's a large quantum of inflammation or if the surgeon encounters other factors that help a clear view of the structures.

Any intestinal surgery is associated with certain pitfalls similar as complications related to anesthesia and bleeding or contagious complications. The threat of any operation is determined in part by the nature of the specific operation. An existent's general champaign and other medical conditions are also factors that affect the threat of any operation. You should bandy with your surgeon your individual threat for any operation.

Performed of surgeries in laparoscopic

Numerous common surgeries can be performed laparoscopically moment. Whether you are a seeker for laparoscopic surgery will depend on how complicated your condition is [9]. Some complicated conditions may bear open surgery to manage. Still, laparoscopic surgery is getting the preferred dereliction system for a growing list of common operations, due to its cost- saving benefits and bettered patient issues.

Tubercle, fibroid, gravestone, and neoplasm disposals.

Small excrescence disposals.

Necropsies.

Tubal ligation and reversal.

Ectopic gestation junking.

Endometriosis surgery.

Urethral and vaginal reconstruction surgery.

Orchiopexy (testicle correction surgery).

Rectopexy (rectal prolapse form).

Hernia form surgery.

Esophageal anti-reflux surgery (fundoplication).

Gastric bypass surgery.

Cholecystectomy (gallbladder junking) for gallstones.

Can laparoscopic surgery be used in other corridors of the body outside the tummy and pelvis?

Minimally invasive surgical ways are used in numerous areas of the body. Outside of the abdominal and pelvic areas, the system may be analogous, but it's called commodity differently [10]. In the chest depression, a surgeon may use a thoracoscope to view your lungs through a keyhole gash. In the knee area, a surgeon may use an arthroscope. The reaches are named else for the corridor of the body they're looking at, but they're all modified performances of the same thing.

Exploration suggests over 13 million laparoscopic procedures are performed encyclopedically every time. These figures are projected to grow by 1 over the coming five times.

A laparoscopy, also known as a individual laparoscopy, is a surgical individual procedure used to examine the organs inside the tummy, as well as other unrestricted spaces, similar as the knees. It's a low threat, minimally invasive procedure that requires only small lacerations.

Abdominal laparoscopy

When an abdominal laparoscopy is performed, a croaker uses an

instrument called a laparoscope to look at the abdominal organs. A laparoscope is a long, thin tube with a high intensity light and a high resolution

camera at the front. The instrument is fitted through an gash in the abdominal wall. As it moves along, the camera sends images to a videotape examiner. A laparoscopy allows your croaker to see inside your body in real time, without having to make large lacerations. Your croaker can also gain vivisection samples during this procedure, as well as also perform surgery.

Your croaker may recommend a laparoscopy to examine the following organs

Excursus, gallbladder, liver, pancreas, small intestine and large intestine (colon), spleen, stomach, pelvic or reproductive organs.

Conclusion

Improvements in surgical training and developments in instruments, imaging, and surgical techniques have greatly increased safety and feasibility of the laparoscopic surgical procedures.

Acknowledgement

None

Conflict of Interest

None

References

- 1 Srivastava Arati, Niranjana Ashutosh (2010) Secrets of safe laparoscopic surgery: Anaesthetic and surgical considerations. *Journal of Minimal Access Surgery*. Medknow 6 (4): 91-94.
- 2 Bhandarkar D, Mittal G, Shah R, Katara A, Udawadia TE et al. (2011) Single-incision laparoscopic cholecystectomy: How I do it? *J Minim Access Surg* 7 (1): 17-23.
- 3 Karadag MA, Cecen K, Demir A, Bagcioglu M, Kocaaslan et al. (2015) Gastrointestinal complications of laparoscopic/robot-assisted urologic surgery and a review of the literature. *J Clin Med Res* 7 (4): 203-210.
- 4 Dean Meara, Ramsay Robert, Heriot Alexander, Mackay John, Hiscock Richard Lynch et al. (2017) Warmed, humidified CO2 insufflation benefits intraoperative core temperature during laparoscopic surgery: A meta-analysis. *Asian J Endosc Surg* 10 (2): 128-136.
- 5 Ma Y, Yang Z, Qin H, Wang Y (2011) A meta-analysis of laparoscopy compared with open colorectal resection for colorectal cancer. *Medical Oncology* 28 (4): 925-933.
- 6 Semm K (1983) Endoscopic appendectomy. *Endoscopy* 15 (2): 59-64.
- 7 Kaloo Philip, Armstrong Sarah, Kaloo Claire, Jordan Vanessa (2019) Interventions to reduce shoulder pain following gynaecological laparoscopic procedures. *The Cochrane Database of Systematic Reviews* 1: CD011101.
- 8 Dean Meara, Ramsay Robert, Heriot Alexander, Mackay John, Hiscock Richard et al. (2017) Warmed, humidified CO2 insufflation benefits intraoperative core temperature during laparoscopic surgery: A meta-analysis. *Asian Journal of Endoscopic Surgery* 10: 128-136.
- 9 Karadag MA, Demir A, Bagcioglu M, Kocaaslan R, Kadioglu TC et al. (2015) Gastrointestinal complications of laparoscopic/robot-assisted urologic surgery and a review of the literature. *J Clin Med Res* 7: 203-210.
- 10 Segura-Sampedro Juan José, Morales-Soriano Rafael, Pineda Flores Cristina, Craus-Miguel Andrea, Sugarbaker Paul H et al. (2021) Laparoscopy technique in the setting of peritoneal metastases to avoid port site relapse. *Surgical Oncology* 37: 101543.