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COLORECTAL SURGERY
LAPAROSCOPIC SURGERY
COLONOSCOPY

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LAPAROSCOPIC SURGERY

Traditionally most major abdominal operative procedures have required surgery necessitating incisions which can be long and sometimes painful and associated with significant scarring. In an attempt to obviate these problems an alternative method of visualising the contents of the abdomen as well as the inside of the abdominal wall has been developed, and it is known as laparoscopic surgery. A laparoscope is a narrow diameter telescope-like optical lens system what is introduced into the abdominal cavity after it has been distended with several litres of gas (carbon dioxide).

The laparoscope is then connected to a video camera so that the image of the abdominal contents and the abdominal wall are projected onto a television monitor. The rapid advances in technology of optics and video television enable extremely clear views of the inside of the abdomen to be obtained. Employing this exposure, it is now possible to introduce fine surgical instruments through small sleeves introduced into the abdominal wall via a number of short incisions, generally only a few millimetres in diameter. The operation itself is usually performed in a similar way as to the open procedure, only that the visualisation and the instrumentation is different. The post operative recovery, however, is usually dramatically changed with very early discharge from hospital often being possible and return to work much more quickly obtained. These enormous benefits represent a very major revolution in surgery and many operations can now be performed laparoscopically.

The most commonly performed general surgical laparoscopic procedure is removal of the gall bladder (cholecystectomy). Other abdominal operations are now being frequently performed laparoscopically and include appendectomy, hernia repair, ulcer operations on the stomach, hiatus hernia operations and division of adhesions (cobweb-like scar tissue within the abdominal cavity that can sometimes cause blockage to the intestine). Major operations on the bowel including removal of segments of the bowel and anastomosis (joining of the bowel) is now also possible laparoscopically, although specific indications for these procedures do exist and they are not commonly done.

On occasions it is impossible to complete a planned laparoscopic procedure for a variety of reasons, including unusual or unexpected anatomy or pathology. Under these circumstances it may become necessary to proceed to open or conventional operation, where a formal opening of the abdomen via an appropriate incision may be required. Any patient, therefore, undergoing laparoscopic surgery should understand that it cannot be 100% guaranteed that the procedure would be completed laparoscopically in all instances.

Can there be complications from laparoscopic surgery?

Laparoscopic surgery like any surgical procedure is not free from the potential for complications. Instruments are still used inside the abdominal cavity, and it is most unlikely, but possible, that damage to other organs could occur, which may result in bleeding, infection or perforation of an organ. Sometimes small hernias (bulges) can occur in the tiny incisions used for laparoscopic surgery, and any of these complications may require further surgery for safe management.

Chest infection after conventional surgery can sometimes be a problem because of the pain caused by coughing to clear the airways, and this is much less likely after laparoscopic surgery, because pain is less. Similarly, because patients are generally mobile much more quickly after laparoscopic surgery as compared with conventional surgery, the likelihood of clots developing in leg and pelvic veins is reduced. It is however still possible that such problem might occur and require treatment.