Operative Laparoscopy in Gynecology: A Mirage or a Challenge?

Mahreen Mahmood

Head of Department of Gynaecology & Obstetrics, and Associate Director Academics,
Islamabad Medical and Dental College, Islamabad
(Bahria University, Islamabad)

The growth of laparoscopic surgery and its widespread acceptance into the mainstream of gynaecological practice have been faced with many challenges and pessimism. There was a great deal of opposition and pessimism of adopting laparoscopy at the inception because it took longer to perform than open surgery.¹ Today it is fast replacing most of the traditional gynaecological abdominal operations, as the list of laparoscopic procedures grows, many of the traditional abdominal or pelvic surgical procedures can be done via minimal invasive approach using the laparoscope.² Laparoscopic surgery has gained ground due to its many advantages over laparotomy. Advantages to the patient include: avoidance of the discomfort of a large abdominal incision, reduction of post-operative pain, reduction of wound complications and better cosmetic effect. Others are early mobilization, early discharge from the hospital, early resumption of routine activities and less adhesion formation.³

Like many innovative and groundbreaking technologies of modern day medical practice, the introduction of laparoscopy into contemporary gynecology continues to evolve and develop.

The current trend is towards an increasing adoption of laparoscopic surgery by gynaecologists in a number of conditions such as hysterectomy (total laparoscopic hysterectomy, supra-cervical hysterectomy and laparoscopic assisted vaginal hysterectomy), endometriosis, adhesiolysis, adnexal surgery, laparoscopic pelvic floor repair, laparoscopic urogynecology.⁴

The benefits of laparoscopic surgery can be brought to many patients, and minimal access surgery can be used with advantage for every intra-abdominal operative procedure, such can only be achieved with a sustained interest, adequate training and experience and the availability of modern techniques and equipment.⁵

The armamentarium available to the surgeons of the future increases daily, and no doubt minimal access surgery is the way forward. We as service providers have the responsibility to do what we can so as to develop the safest and most effective forms of treatment for our patients and at the same time be humble to acquire the adequate skills in these newer technologies.

Overall as we reach out into the new millennium it would be worthwhile and befitting to see our colleagues taking up these remarkable challenges in our region in time to come, and keeping up with trends worldwide.

References