

Emergency Approach to the Acute Abdomen Cases by Single Incision Laparoscopic Surgery

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Introduction

Conventional laparoscopic surgery treatment methods, which are used in many areas of medicine, are now being replaced by surgeries from one incision; called single incision laparoscopic surgery (SILS). The aim of this study is to share our early results and experiences in the patients; who underwent single incision surgical laparoscopic exploration with the diagnosis of acute abdomen in our hospital and underwent a laparoscopic exploration by entering into the abdominal cavity from this single incision.

Methods

A total of 18 consecutive patients (10 females - 8 males) who underwent laparoscopic exploration and single incision laparoscopic surgery (SILS) between November 2015 and March 2016, were included in the study. Patients were evaluated by terms of operation time, intraoperative and postoperative complications and hospital stay. This study refers two surgeons experiences who applies the operations with the same surgical team.

Results

All patients underwent exploration with the single incision made from the umbilicus and the SILS gel point port entered into the abdomen with open port technique. 11 of 18 patients had acute appendicitis, 2 had right ovarian cyst rupture, 2 had acute cholecystitis, 1 had strangulated amyand's hernia and 1 had caecum perforation.

All patients underwent surgical treatment with single incision laparoscopic surgery technique. Laparoscopic single port appendectomy was applied to the patients diagnosed as acute appendicitis. Laparoscopic single port cholecystectomy was applied to the patients diagnosed as acute cholecystitis. The patient who has caecum perforation, was treated by the laparoscopic caecum repair with the primary sutures and laparoscopic single incision appendectomy was added to this procedure. One patient with ovarian cyst rupture was taken to surgery and laparoscopic single port cystectomy with drainage was applied. The other patient with ovarian cyst rupture, was treated by laparoscopic right tubo oophorectomy from the single umbilical incision. The treatment of the amyand hernia was performed intraperitoneally; primary repair by laparoscopic dissection and reduction after appendectomy and contraction of internal orifice. There was no intraoperative complication in any of the cases.

In the postoperative period, wound infection occurred in 2 patients who underwent appendectomy and intra abdominal abscess occurred in 1 patient who underwent cecum repair. These patients were treated with appropriate anti-biotherapy and advanced wound care (Figure 1).

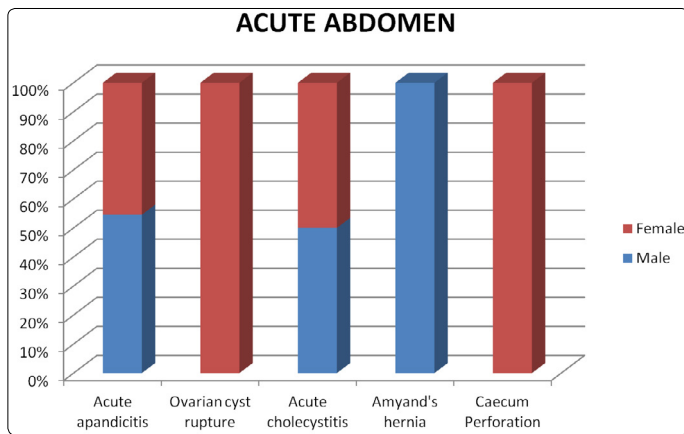


Figure 1. Distribution of patients according to diagnosis.

The mean operation time was 40 minutes (appendectomy: 29 minutes-cecum repair: 129 minutes). All patients were discharged the next day, except 3 patients with postoperative infection. The patient who underwent appendectomy and developed postoperative infection, was discharged on the postoperative 5th day and the patient with caecum perforation was sent home on the 7th postoperative day (Figure 2).

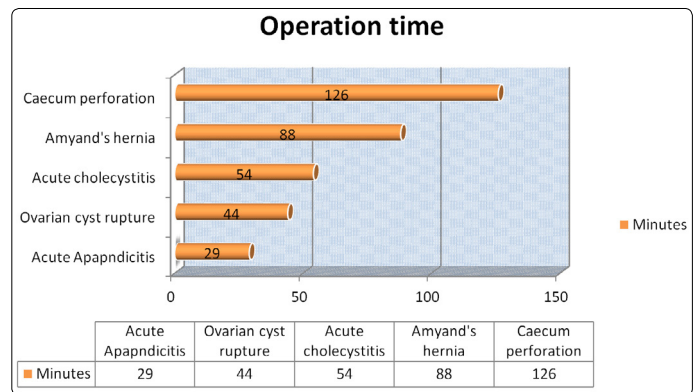


Figure 2. Operation times according to the diagnosis.

Conclusion

As an opinion; we see that the laparoscopic single incision surgery (SILS) is an acceptable modern method with the terms of duration of hospital stay, cosmetical results and postoperative complications for the patients who have been diagnosed with acute abdomen and planned for surgical treatment. But also we believe that prospective randomized controlled trials are needed to determine the superiority of this procedure to the other surgical approaches and I hopefully want to say that, we are preparing a randomized study about this surgical procedure.