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The Barrier to Wider Use of Laparoscopic Surgery: Laparoscopic Sutures

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Introduction

In the 1990s, single-incision laparoscopic surgery (SILS), also known as laparoendoscopic single-site surgery, was introduced to lessen the traumatic effects of incisions. Minor SILS, like cholecystectomies, have been acquiring in prominence throughout recent many years. However, it has been slow to be used in complicated hepatopancreatobiliary (HPB) surgeries due to costs, safety concerns and limitations in instruments and technology. Advanced laparoscopic HPB surgeries, such as hepatectomies, distal pancrectomies (DP) and pancreaticoduodenectomies (PD), have been shown to be comparable to open operations in terms of patient and oncologic safety, despite the fact that minimally invasive abdominal surgery is pushing the boundaries. Advanced SILS, on the other hand, has only been used in a few small case series to diagnose HPB malignancy. The majority of procedures required only minor DP and liver resections; Rarely were major hepatectomies described. Single-cut laparoscopic PD has not yet been accounted for. In this paper, we examine the SILS for HPB cancer that have been published in the literature as well as our three-year experience focusing on the technical aspects.

Description

Systemic and splanchnic hemodynamic changes are linked to LS. In critically ill patients, decreased splanchnic perfusion is linked to increased morbidity and mortality. The underlying pathophysiological mechanisms remain obscure. Numerous diseases, treatments and their interactions may contribute to inadequate splanchnic blood flow. As a result, it is essential to comprehend the experimental or clinical circumstances under which the effects of vasoactive drugs on splanchnic blood flow are evaluated. Unfortunately, it is difficult to interpret the results of many of the available monitoring tools for hepato-splanchnic metabolism and perfusion in clinical settings. As a result, concepts for splanchnic resuscitation have not yet been established. The interaction of the physiological regulatory mechanisms in splanchnic organs, diseases and treatments ought to be the primary focus of future research projects. This review was conducted with the intention of assessing the effects of LS on the splanchnic circulation (SC).

The American College of Surgeons (ACS) and the Association of Program Directors in Surgery (APDS) released a national skills curriculum in 2007 to standardize simulation across residency programs. The curriculum includes modules for open, laparoscopic and endoscopic skills. The FLS suturing tasks fall under the advanced category of the laparoscopic skills, which are divided into basic and advanced laparoscopic modules. The majority of programs have developed laparoscopic curricula for their residency programs in response to these recommendations. Many of these programs employ a tiered approach in which junior residents in their postgraduate year (PGY) and PGY learn basic laparoscopic tasks like driving a camera and coordinating their hands and eyes, while senior residents in their PGY and above concentrate on more complex tasks like laparoscopic suturing.

at the beginning of the 1990s, reported the first laparoscopic colectomy. Laparoscopic colorectal surgery has similar oncological outcomes to open surgery and some potential advantages. HALS is a hybrid procedure that preserves the pneumoperitoneum while allowing the surgeon to insert the non-dominant hand into the abdomen using a special hand-access device. The intracorporeal hand is capable of blunt dissection, retraction and rapid bleeding control and HALS reduces the learning curve in comparison to LRC by restoring tactile feedback. The choice between HALS and LRC at the moment is contentious. Instead of comparing HALS and LRC, two previous systematic reviews on the subject compared HALS and the laparoscopic approach in colorectal surgery. As a result, a meta-analysis is conducted [1-4].

The surgical approach has been transformed by minimally invasive surgery (MIS), which has reduced surgical trauma and improved patient outcomes. Endoscopic, laparoscopic and thoracoscopic surgeries are among the specialized surgical procedures included in MIS, as are robotic surgeries. One of the earliest forms of minimally invasive surgery (MIS) is laparoscopic surgery, in which internal organs are accessed through extremely small incisions with specialized surgical instruments. The first polypectomy with a rigid endoscope marked the beginning of MIS as a method in the 1950s. Cholecystectomy, on the other hand, has been significantly impacted by laparoscopic surgery more than any other procedure. In 1987, the first laparoscopic cholecystectomy was performed. Within a few years, the laparoscopic method of routine cholecystectomy became a well-known alternative to open procedures. Rather than the completion of clinical trials, the initial rapid adoption of laparoscopic surgery for cholecystectomy was influenced by demand from patients. With continued technological advancements and training, laparoscopy is now also being considered for more advanced surgical procedures. It is currently used for many surgical procedures [5].

Conclusion

Providers may be motivated by advancements in laparoscopic suturing, but difficulty with the skill is just one of many obstacles. Other obstacles include, but are not limited to, surgeons performing insufficient cases to maintain their skills, managing unanticipated surgical events, modifying depth perception and video-eye-hand coordination.

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Conflict of Interest

There are no conflicts of interest by author.

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