



Development of Laparoscopy in Gynecology

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Abstract: The article considers a surgical operation, including a gynecological one, that saves the patient's health. But it also has a downside: any surgical intervention injures a person to a certain extent, since it requires tissue dissection to access the necessary organs.

Key words: Laparoscopy, gynecology, development, surgery, indications.

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Introduction

Laparoscopy has a number of advantages over the so-called "traditional" methods:

- it is the least traumatic type of surgical intervention;
- the probability of postoperative complications decreases;
- pain in the patient after surgery is minimized;
- significantly reduced recovery time;
- cosmetic defects after the operation are practically excluded.

It was gynecologists who took the first steps towards the development of laparoscopy techniques. Moreover, long before the advent of not only video monitors - even before the invention of the camera.

Of course, at first it was only about diagnostics: at the beginning of the 19th century in Frankfurt, obstetricians began to use a tube into which light from a candle was directed to examine the vagina and urethra. A hundred years later, the Dresden doctor Georg Kelling performed the first ever laparoscopic operation on a dog - again, a diagnostic one. The researcher proved the possibility of examining the abdominal organs through several small incisions.

But a real breakthrough in laparoscopy is associated with the name of another German gynecologist - Professor Kurt Semm. This outstanding surgeon and inventor developed many special instruments and determined the technique for most laparoscopic interventions on the pelvic organs. After the Atlas of

Gynecologic Laparoscopy and Hysteroscopy was published in 1975 under Zemm's guidance, new methods began to become more widespread in the professional community.

And all the same Zemm was one of the first to demonstrate that laparoscopy can be a universal, and not a purely gynecological technique, having performed a laparoscopic appendectomy in 1980, that is, the removal of the appendix.

How does laparoscopic surgery work

With a special thin tube-trocar, the surgeon makes several small (5 to 10 mm) punctures of the anterior abdominal wall to the patient under general anesthesia. Usually, the abdominal cavity is then inflated with carbon dioxide - as a result, its wall rises like a dome above the internal organs and provides the surgeon with access to the internal organs.

Some of the punctures are used to manipulate special surgical instruments, and through another, a laparoscope with a miniature video camera and a light source is inserted into the abdominal cavity. The image is transmitted to the screen of the video monitor - this is how the surgeon monitors his actions.

Although it may seem strange, the laparoscopic method gives the surgeon much better control over the course of the operation than the traditional technique. After all, the image on the screen is much larger than what the surgeon sees with the naked eye. In addition, the laparoscope allows you to view the operated organ from different angles. These circumstances played a significant role in the fact that laparoscopy in most cases successfully replaced open surgery.

And most importantly: laparoscopic intervention injures the muscle tissue much less than a large incision of the anterior abdominal wall from 10 to 20 cm using traditional methods. Pain in the puncture area after the operation is mild and completely disappears in a couple of days. Patients do not experience the discomfort that is inevitable after an open operation.

After laparoscopy, the patient can be discharged from the hospital home after 1-3 days. And it is possible to return to a full life in 2-3 weeks of the week.

Indications for laparoscopy in gynecology

Emergency indications

- Tubal pregnancy.
- Apoplexy of the ovary.
- Rupture of an ovarian cyst.
- Torsion of the uterine appendages.
- Torsion or necrosis of the subserous fibroid node.
- Differential diagnosis between acute surgical and gynecological pathology.
- Acute inflammatory diseases of the uterine appendages (purulent salpingitis, pyosalpinx, pyovar, purulent tubo-ovarian formations).

Planned readings

- Sterilization.
- Tubal and peritoneal infertility.
- Infertility of unknown origin.

- Syndrome of polycystic ovaries.
- Tumors and ovarian cysts.
- Malformations of the internal genital organs.
- External and internal endometriosis.
- Pain in the lower abdomen of unknown etiology.
- Uterine fibroids.

Preoperative examination includes a blood test for HIV, RW, hepatitis B and C, complete blood count, urinalysis, determination of the state of the blood coagulation system, biochemical blood tests, ECG, chest X-ray, ultrasound, smears, etc. Based on the analyzes, the conclusion about the readiness of the patient for surgery is made by the therapist. A consultation with an anesthesiologist is also required.

Conclusion

Many generations of doctors dreamed of minimizing this effect. Nowadays, surgeons have such an opportunity - this is a laparoscopic method. Its essence is that the operation is performed not through one significant incision, but through several small punctures.

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