

P221 - Emergency Surgery

Emergency Laparoscopic Approach for Ruptured Ectopic Pregnancy

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Introduction: Ruptured ectopic pregnancy represents a life threatening condition with possible fertility consequences. Ectopic pregnancy remains an important cause of maternal death, accounting for a considerable amount of pregnancy-related deaths. Available evidence clearly demonstrates the superiority of laparoscopic approach in gynecological emergencies even in patients with previous surgeries.

Material and Method: Retrospective study of patients admitted for gynecologic acute abdominal pain and approached by laparoscopy in Bucharest Emergency Hospital during a 48 month period.

Results: 75 patients with gynecologic acute abdominal pain were admitted, from which 20 % were diagnosed with ruptured ectopic pregnancy. The mean age of hospitalised patients was 33,3 years. Ultrasound upon admission was the primary diagnostic method with a good admittance-discharge diagnostic consistency. The majority of the patients showing moderate or massive hemoperitoneum. Salpingectomy, salpingotomy and adnexectomy were performed on a case by case basis. The mean hemoglobin level upon admission was 11.1 g/dL. Assuming the same protocol of resuscitation, the median post-operative decrease in hemoglobin level was 1.20 g/dL. Minor parietal hematoma was encountered in one case. No deaths occurred on the studied group.

Conclusions: Laparoscopic approach provides diagnostic accuracy and therapeutic options in emergency in patients with ruptured ectopic pregnancies. Laparoscopy avoids extensive preoperative investigations. In our opinion for a ultrasound characterized gynecologic injury the hemodynamic instability is the only relative contraindication for laparoscopic approach

Keywords: Ruptured ectopic pregnancy; Laparoscopy; Gynecologic emergency.

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Laparoscopic Approach in Trauma and Emergency Surgery: A 5-Year Experience at a Single Center

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Aims: Minimally invasive surgical procedures are more often used ubiquitously in elective and emergency cases, either for diagnostic approach or treatment. The aim of this study is to present a 5-year experience at a single center.

Material and Method: At Istanbul School of Medicine, Trauma and Emergency Surgery Unit, 1442 patients underwent laparoscopic surgery between January 2008 and June 2013. Patients were analyzed retrospectively.

Results: In the study period, laparoscopic cholecystectomy or partial cholecystectomy was performed in 710 patients with acute cholecystitis. Laparoscopic appendectomy was performed in 546 patients with acute appendicitis. Second look laparoscopy was performed in 28 patients with a diagnosis of acute mesenteric ischemia. Nine patients with perforated gastroduodenal ulcer underwent laparoscopic omental patch. Nine patients with obstructive colorectal cancer underwent laparoscopic colostomy or right hemicolectomy. Five patients with small bowel obstruction underwent laparoscopic bridotomy. Three patients with iatrogenic colon perforation underwent laparoscopic repair. Laparoscopic gastrojejunostomy was performed for gastric outlet obstruction caused by peptic ulcer to two patients. Gynecological pathology was observed in 6 of 29 patients with acute abdominal pain. Diagnostic laparoscopy was performed in 101 patients with left thoracoabdominal stab wound and laparoscopic diaphragmatic repair was performed in 26 of them. Laparoscopy related morbidity was observed in 12 patients and mortality was seen in 17 patients.

Conclusions: The mortality and morbidity of laparoscopic interventions are low, due to an experienced surgical team and carefully selected patients. Due to the increasing surgical experience, technological advances and the variation of laparoscopic surgical techniques, minimally invasive surgery will be used more widely in emergency situations.

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Laparoscopic Mesh Repair of a Morgagni Hernia

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Laparoscopic repair of a large symptomatic Morgagni hernia in a 58 year old gentleman. The gentleman was discharged on post operative day 5 and made an excellent recovery from surgery.

P225 - Endocrine Surgery

Laparoscopic Partial Adrenalectomy

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Background and Aim: Most endoscopic surgeries on adrenal glands involve total removal of the whole gland. The criteria for performing a laparoscopic partial adrenalectomy have not been described. The aim of the work was to improve the results of surgical treatment of adrenal glands with introduction of a new kind of surgeries - laparoscopic partial adrenalectomy.

Materials and Methods: 32 Partial adrenalectomies (adenomadrenalectomies) in 27 patients were performed: 9 right-sided; 13 left-sided; 5 bilateral. Patients with small benign solitary (for each side) adrenal tumors were selected. The adrenal tumors were evaluated by preoperative thin-slice contrast-enhanced computed tomography scan. Partial adrenalectomy was performed using a welding technology. Welding technology is adequate for most of the small vessels and for the resection itself - to divide the adrenal tissue, with only the right main vein requiring clip. Bipolar welding endoscopic instrument allows for precise dissection along a plane between normal tissue and tumor and provide good hemostasis.

Results and Discussion: The operating time, blood loss and postoperative hospital stay in patients undergoing laparoscopic partial adrenalectomy was similar to that for patients undergoing laparoscopic complete adrenalectomy. There was no intra- or postoperative complication in any patient. Excessive hormonal levels and symptoms all disappeared in all patients. We have not encountered any case of adrenal insufficiency or reoccurrence of a disease.

Conclusions: Laparoscopic partial adrenalectomy is a progressive kind of surgery, which can be performed safely using a welding technology.

Keywords: Laparoscopic Partial Adrenalectomy; Laparoscopic Adenomadrenalectomy; Welding technology.