سامية محمد مصطفى



شبكة المعلومات الحامعية

بسم الله الرحمن الرحيم



-Caro-

سامية محمد مصطفي



شبكة العلومات الحامعية



شبكة المعلومات الجامعية التوثيق الالكتروني والميكروفيلم





سامية محمد مصطفى

شبكة المعلومات الجامعية

جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

قسو

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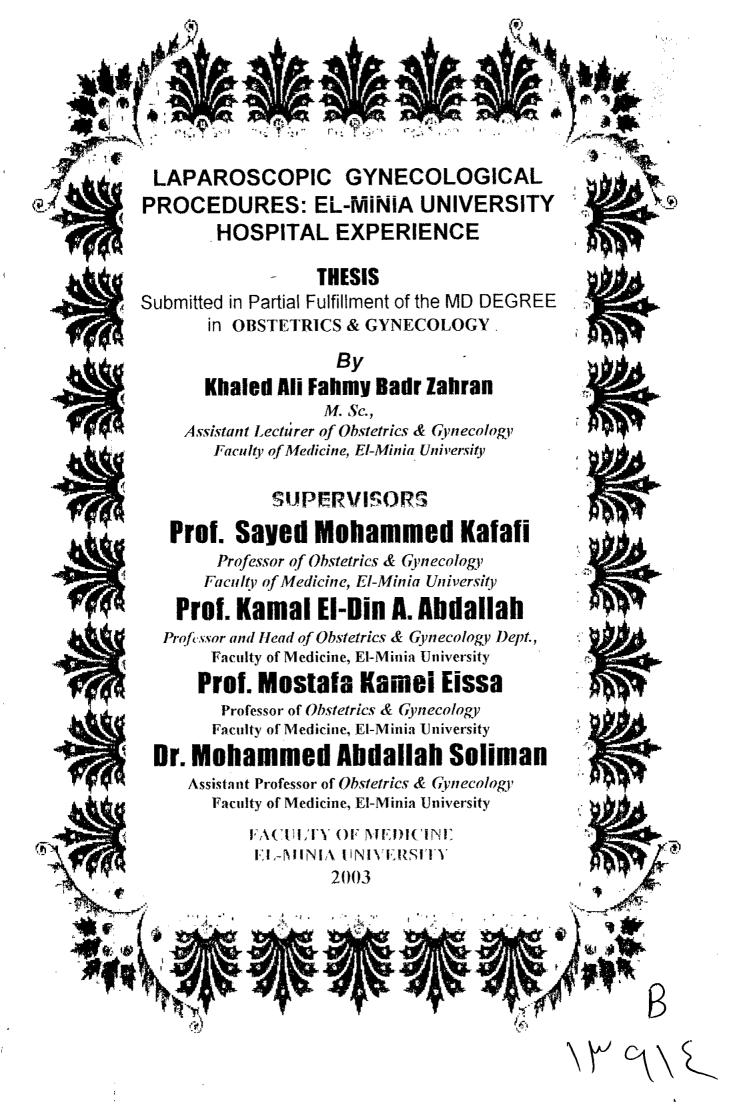
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بالرسالة صفحات لم ترد بالأصل







لاً يُكلُّفُ لللهُ نَفْساً إِلاَّ وُسُحُهَا لَهَا مَا كُسَبَتُ وَعَلَيْهَا مَا اكْتَسَبَتُ رَبُّنَا الْ ثُوًا خِذْنَا إِن نُسِينَا أَوْ أَخْطَأْنَا رَبُّنَا وَلا تَحْمِلُ عَلَيْنَا إِحْراً كَمَا حَمَلْتَهُ عَلَى الَّذِينَ مِن قَبُلِنَا رَبُّنَا هِلاَ ثُمَّلْنَا مَا لاَ طَاهَةً لَنَا بِهِ وَاعْفِ عُنَّا وَاغْفِرُ لَنَا وَارْحَمْنَا أَنْتَ مَوْلَانًا فَانْصُرْنَا عَلَك القَوْمِ الكَافِرِينَ (٢٨٦).

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NTRODUCTION

INTRODUCTION

Laparoscopy spans the gap between palpation and exploratory laparotomy. It creates a picture window in the abdomen, through which the intraperitoneal organs may be closely inspected, far better than the abdominal surgeon can do through an incision a few centimeter long stuffed with instruments, sponges and lap sheets. The basic principles of laparoscopy today do not differ significantly from those described by Palmer in 1954. What has changed significantly over the past 40 years are the sophistication of the instruments, with the last development of miniaturized instrumentation for office procedures, and the complexity of the procedures that can be performed (Nezhat et al., 1994).

During the last 25 years, the role of gynecologic laparoscopy has evolved from a limited surgical procedure used only for diagnosis and tubal ligation, to a major surgical tool used to treat a multitude of gynecologic indications. Laparoscopy has become one of the most common surgical procedures performed by gynecologists (Malinowski et al., 2001).

For centuries, gynecologists have been concerned by the elusive nature of pelvic pathology, and women have undergone unnecessary surgery for such problem (Gordon and Magos, 1989). Laparoscopy, since its introduction into gynecology two decades or so ago, has become an essential diagnostic tool, more recently, it has been promoted as a mean of treatment as well (Pitkin, 1992). The therapeutic options opened to laparoscopic surgeon are many and varied from simple adhesiolysis to excision of dense endometriotic tissue and even