

# بِسْمِ اللّٰهِ الرَّحْمٰنِ الرَّحِیْمِ





# شبكة المعلومات الجامعية التوثيق الالكتروني والميكروفيلم



# جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

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# **Evaluation of laparoscopic- assisted appendectomy Versus open appendectomy**

## **Thesis**

Submitted in partial fulfillment of  
Master degree in General Surgery

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## **INTRODUCTION:**

Laparoscopy has an important diagnostic role in patients with equivocal symptoms of appendicitis. Despite advances in technology, there is no laboratory test or examination with sufficient specificity and sensitivity to diagnose appendicitis. Now many are turning from philosophy of "when in doubt, take it out" to "**when in doubt, check it out**", as Laparoscopy provides the surgeons with a tool to rule out appendicitis and then inspect other organs to determine the real cause of the patient's symptoms. Laparoscopy is far superior to the limited exploration that can be accomplished through a classic McBurney's incision (**Baker and Fisher,2001**).

During the last decade of twentieth century, general surgeons became skilled in laparoscopy because of wide spread use for other conditions. The improved technical ability of surgeons has served to decrease the complication rate, especially catastrophic laparoscopic accidents such as major vascular injury (**Baker and Fisher, 2001**).

Laparoscopic appendectomy has been shown to be a safe alternative to open appendectomy (**Tate et al, 1993; Reiertsen, 1997 ; Hellberg et al., 1999**). However some inherent disadvantages of this procedure have prohibited its universal acceptability (**Kald et al., 1999**). The disadvantages of laparoscopic appendectomy have been longer operating time (**Tate et al., 1993; Reiertsen, 1997; Hellberg et al.,1999**) and high cost (**Kald et al., 1999**).

**Laparoscopic-assisted appendectomy (LAA) is a modified technique of laparoscopic appendectomy** at which the appendix is delivered through the port-site incision " near McBurney's point ", the

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# Introduction

mesoappendix and vessels are ligated and divided, as is the appendix base.

**LAA inherits the advantages of both laparoscopic and open appendectomy:**

1. It can be performed in most cases, except where the appendix is very friable.
2. The theoretical possibility of wound infection is reduced by careful handling of the appendix, minimizing its contact with the wound.
3. Extraperitoneal ligation of the appendix base and appendicular vessels reduces the operating time.
4. Postoperative pain is reduced and shorter hospital stay.
5. Faster return to unrestricted daily activity.
6. Better cosmesis, particularly for an obese patients in whom a large incision would be necessary.
7. LAA obviates the need for disposable laparoscopic instruments with the potential of reducing the costs associated with laparoscopic appendicectomy (Baker and Fisher,2001) .

**There is another technique of laparoscopic-assisted appendicectomy (LAA),** in which ligation of the appendicular vessels is done inside the peritoneal cavity and exteriorization of appendix with divided mesentery and complete the procedure in a conventional manner (Goh et al., 1992).

In our department which was the first one in Egyptian Universities to start laparoscopic surgery, we will begin to use LAA in selective cases compared it to open appendicectomy.

# Aim of the work