# EHDOSCOPY and LAPROSCOPY Ibrahim MH Alrashid

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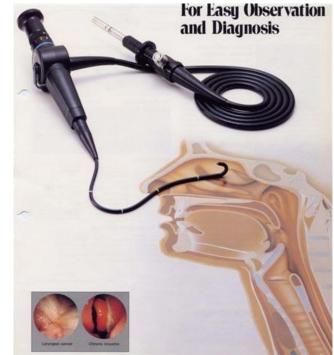
Endoscopy, is the examination of internal body cavities using a specialized medical instrument called an endoscope.

Physicians use endoscopy to diagnose, monitor, and surgically treat various medical problems.

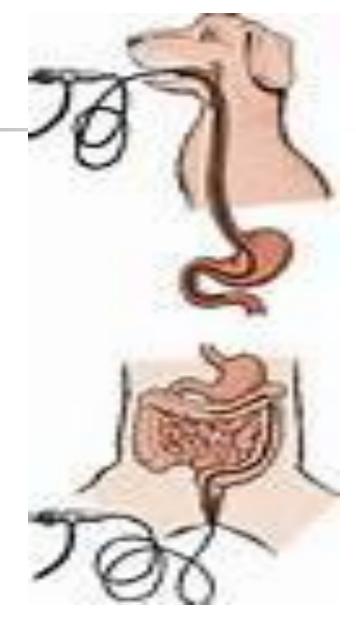
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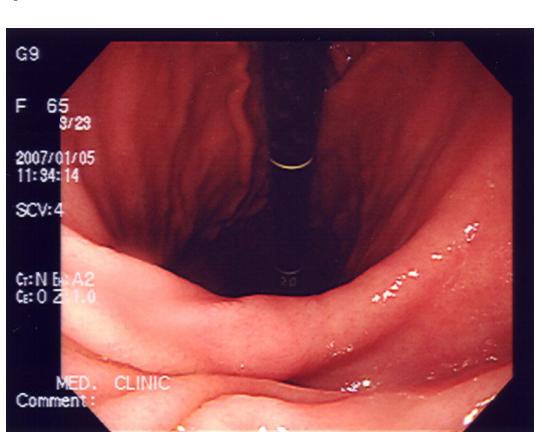
- An endoscope is a slender, flexible tube equipped with lenses and a light source. Illumination is done by the help of a number of optical fibres.
- Reflected light rays are collected by CCD( Charge coupled device) and electrical signals are produced, which are fed to the video monitor to get image.
- Thorough one channel of endoscope water and air is conducted to wash and dry the surgical site.





- The endoscope also has a channel through which surgeons can manipulate tiny instruments, such as forceps, surgical scissors, and suction devices.
- A variety of instruments can be fitted to the endoscope for different purposes.
- A surgeon introduces the endoscope into the body either through a body opening, such as the mouth or the anus, or through a small incision in the skin.





- The endoscope gives visual evidence of the problem, such as ulceration or inflammation
- It can be used to collect a sample of tissue; remove problematic tissue, such as polyps
- It is used to take photograph of the hollow internal organs

 Depending on the body part, each type of endoscopy has its own special term, such as

> laparoscopy (abdomen, uterus, fallopian tube), laryngoscopy (vocal cords), bronchoscopy (lungs), colonoscopy (colon), arthroscopy (joint) and Gastroscopy (Stomach).

#### Laproscopy

It is a minimally access procedure allowing endoscopic access to peritoneal cavity after insufflation of gas to create space between the anterior abd. Wall & viscera for safe manipulation of instruments & organs.

#### **TYPES**

- 1 Intraperitoneal
- 2 Extraperitoneal
- 3 Abd wall retraction (gasless laproscopy)
- 4 Hand assisted (Hassans tech.)

What operations can we do Laparoscopically

- Diagnosis
- Colorectal carcinoma
- Caecal carcinoma
- Colonic carcinoma
- Gastric carcinoma
- Oesophageal carcinoma

- Operation
- Anterior resection/ APR
- Right Hemicolectomy
- Left/Sigmoid Colectomy
- Gastrectomy
- Oesophagogastrectomy

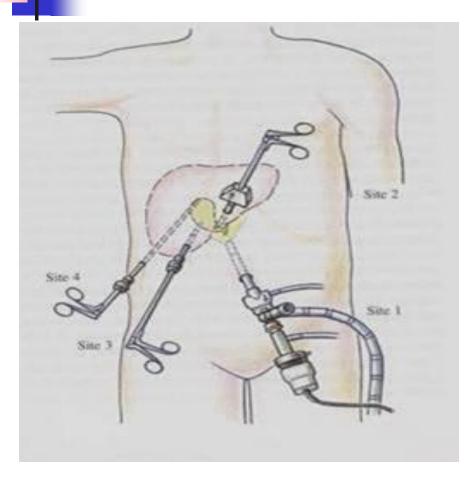


- 1 Minimal pain & illeus
- 2 Improved cosmesis
- 3 Shorter hospital stay , faster recovery & rapid return to work
- 4 Non muscle splinting incision & less blood loss
- 5 Post op respiratory muscle function returns to normal more quickly
- 6. Wound complications i.e. infection & dehiscence are less
- 7 Lap surgery can be done as day care surgery

#### **DISADVANTAGES**

- 1 Longer duration of surgery
- 2 Loss of 3D view, impaired touch sensation
- 3 poor dexterity, fulcrum effect, risk of visceral / vsl. Injury (may go unrecognised)
- 4 Long learning curve for surgeons

#### Laparoscopic surgery



894 Intra-abdominal laparoscopic surgery: anesthetic implications

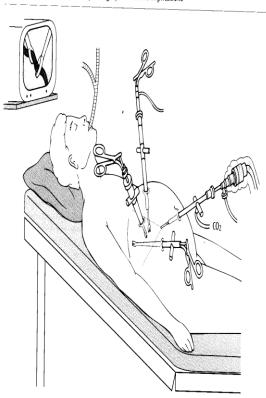


Figure 54.1 Laparoscopic cholecystectomy: patient positioning and equipment.

## PROPERTIES OF OTHER GASES USED

- Gas
- \* 1 Air
- 2 Oxygen
- 3 Nitrogen
- 4 N<sub>2</sub>O
- \* 5 CO<sub>2</sub>
- \* 6 He
- \* 7 Argon

Principle Differences between laparoscopic and open surgery

- Magnified view often better than obtained via an incision allows precise dissection.
- Altered (but not absent) tactile response
- Two dimensional (flat screen) view.
- Usually (but not always) longer operating time
- Need to develop entirely different operating technique
- Adaptation of principles of open surgery to laparoscopic surgery.

Equipment

Camera Light Source Insufflator TV Monitor Telescopes Light Guide Cable

