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LAPAROSCOPIC APPENDECTOMY, ADVANTAGES AND **DISADVANTAGES OF LAPAROSCOPY**

Xudoyberdiev S.S. RShTYoIM SVF direktori Soatmurodov Sh.N. RShTYoIM bosh shifokori Isanturdiev U.I. 2-xirurgiya bulimi mudiri t.f.n. Ortikov A.M. Ordinator https://doi.org/10.5281/zenodo.7722402

Annotation: Acute appendicitis develops in a progressive and irreversible manner, even if the clinical presentation of acute appendicitis can be temporarily modified with medication. A reliable and real-time diagnosis of acute appendicitis can be made on the basis of white blood cell counts and improved computed tomography results. Emergency laparoscopic appendectomy is considered the first therapeutic choice for acute appendicitis. Delayed appendectomy between 6-12 weeks after disease onset is risky with a high recurrence rate during the waiting period. However, this technique may have some advantages in avoiding unnecessary extended resection in patients with appendiceal masses. Non-operative treatment of acute appendicitis can be allowed only in children. Postoperative complications increase depending on patient factors, and temporary avoidance of emergency general anesthesia may be beneficial for high-risk patients. The skill of the surgeon and the cooperation of the hospital are important for the success of laparoscopic appendectomy. It is safe to delay appendectomy for less than 24 hours after diagnosis. In addition, a semi-elective approach (ie, laparoscopic appendectomy within 24 hours of symptom onset) may be paradoxically accepted depending on patient, physician, and institutional factors. Immediate laparoscopic appendectomy is mandatory for acute appendicitis.

Key words: Laparoscopic appendectomy, therapeutic, inflammation, abdominal cavity, acute appendicitis, paradoxical, symptom, minimally invasive operation.

Relevance of the problem: Appendicitis develops in a progressive and irreversible manner, and urgent laparoscopic appendectomy is mandatory. Studying the pros and cons of laparoscopic appendectomy is one of the main problems of today's surgical practice.

The purpose of the research: The purpose of the research is to compare the role of laparoscopic appendectomy today, the pros and cons, and to study the general condition of the patient after laparoscopic appendectomy.

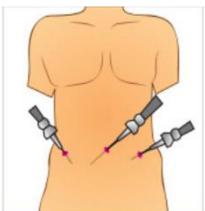
Material and examination methods: In the right lower part of the abdominal cavity, there is a small blind-ended intestinal tube, which is called the appendix. Inflammation of the appendages is called appendicitis, which often occurs in children and young adults. In most cases, emergency surgery is needed to prevent the appendix from rupturing into the abdominal cavity. During an operation called appendectomy, the inflamed appendix is surgically removed. The traditional surgical method involves a small incision (about 5 cm or 2 inches) in the right lower abdominal wall. Alternatively, the inflamed appendix can be removed using another surgical procedure known as laparoscopic appendectomy. This operation requires three very small incisions (about 1 cm or 1/2 inch each). The surgeon then inserts a camera and instruments into the abdomen and removes the appendix. When

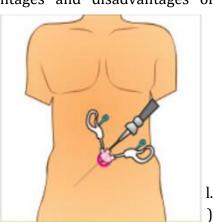


comparing patients who underwent surgery with laparoscopic appendectomy and open lapappendectomy, the following was evident. In both groups, it was observed that most of the patients had a retrocecal position of the appendix. The amount of blood loss, damage to adjacent organs, and duration of surgery were similar in both groups. The difference in the incidence of wound infection between the two groups was not statistically significant. But the use of antibiotics was significantly less in the laparoscopic appendectomy group compared to the open appendectomy group. Time to recovery of oral bills, length of hospital stay, and time to return to normal activities were found to be significantly less in the laparoscopic appendectomy group compared to the open appendectomy group. (p < 0.001). According to the cosmetic final result, the majority were satisfied in the laparoscopic appendectomy group and rated the operation as excellent compared to patients in the open appendectomy group (Figure 1).

Laparoscopic operations appeared as a substitute for traditional surgical methods. Now, thanks to the advances in technology, we have the laparoscopic option to perform a variety of surgical procedures. Below we will talk about the advantages and disadvantages of







operations. It also reduces the need for blood transfusions to compensate for blood loss.

② Reduction of pain and postoperative bleeding: the risk of pain and bleeding after surgery is also reduced. In open surgery, the incision is large. And it requires long-term painkillers to heal. But in laparoscopy, the wound is small and heals quickly.

② Smaller scar: A smaller incision only results in a smaller scar. With a large surgical wound, the scar tissue is at high risk of infection. Especially obese or overweight patients are more prone to hernia. However, this is not the case with laparoscopy.

② Low postoperative infection: Even the risk of postoperative infection is low. This is due to the reduced exposure of internal organs to external pollutants compared to open surgery.

 $\ensuremath{\mathbb{Z}}$ Faster Healing and Faster Discharge : Due to faster healing, the patient can go home sooner than with traditional surgery. Same day or next day discharge. The patient can also return to normal activities faster.

Disadvantages of laparoscopic surgery:

☑ Laparoscopy may have several risks. These include infection, allergic reactions, organ damage, adhesions, blood clots, internal bleeding, and damage to internal structures.

② The surgeon gains limited range of motion through small openings. Learning to perform such an operation can be a little difficult. In addition, the surgeon may have difficulty feeling the tissue. This makes it difficult to estimate the force that should be applied to it.

Conclusion: In conclusion, laparoscopic appendectomy stands out because it has several important advantages listed above. In general, the advantages of laparoscopic operations

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outweigh their disadvantages. Even the risks after laparoscopy can be addressed. Today, laparoscopic operations are the most ideal way to perform minimally invasive operations. Laparoscopic appendectomy is superior to open appendectomy in terms of wound infection, resolution of coexisting pathology, length of hospital stay, earlier return to normal activities, excellent cosmetic end result, less use of antibiotics, and earlier resumption of oral feeding.

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