

Abstracts from “The Society for Minimally Invasive Therapy” Fourth International Meeting

November 8-10 1992

F-105 Endoscopic Colorectal Resection for Carcinoma

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The awareness of the advantages of minimally invasive surgery over the past three years has awakened interest in the achievement of endoscopic techniques for colorectal surgery. The incidents of colorectal carcinoma in the United States remains at 165,000 new cases per year. Despite the overall improvement in surgical resection technique the curative rate for colorectal cancer remains disappointing.

The modification and application of endoscopic techniques to colorectal carcinoma holds out some hope for the advancement of high technology surgery to play an important role in improving the curative results of surgery.

This paper will describe the results and a follow-up of a series of 80 cases of colon and rectal resections for carcinoma and benign disease. In this series the complication rate remained at an acceptable low level. The complications encountered were mainly attributable to infrequent post-operative wound infection. Alternative approaches are indicated for minimally invasive colon resections and deep rectal resections. The modified approach of exteriorization and peroneal resection will be demonstrated

F-112 Endoscopic Hernia Repair

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The recurrence rate for inguinal hernia repair throughout the world ranges from 2-11%. Despite innovative techniques there has been a failure to standardize a uniform acceptable conventional operation for this common malady. The realisation that a minimally invasive technique could offer a more acceptable and standard approach to inguinal hernias has been pursued by innovative surgeons.

This paper will represent the data accrued with the use of minimally invasive techniques in the repair of 55 inguinal hernias.

The technical approaches to pre-peritoneal repair and intra-peritoneal repair will be highlighted. The alternative approached using innovative techniques will also be highlighted.

In this series there was one recurrence. The approach to recurrent hernias after conventional surgery is also presented. This procedure was performed in eight cases at one operation. Bilateral hernia repair was performed in eleven cases at one operation. In this series there were no recurrence.

The mean in-hospital stay was 1.1 days and the mean duration of time before return to normal activities was 2.9 days.

V-4 Endoscopic Hiatal Hernia Repair

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Minimally invasive surgery in upper gastro-intestinal problems confers a major advantage to general surgeons. The average in-hospital stay for most procedures in which a fundoplication and hiatal hernia repair is performed is 48 hours.

This paper will describe a technique for minimally invasive hiatal hernia repair using a four puncture technique. Fifteen cases were selected for this presentation and the average in-hospital stay and statistical data with regard to sphincter pressures and morbidity will be presented. Alternative approaches to hiatal hernia repair including a Hill's repair is demonstrated.

The post-operative results in this series were encouraging; there were no cases of iatrogenic splenic trauma. Very minor laceration to the liver occurred in one case, however, haemostasis was easily secured. The post-operative recovery period in-hospital averaged two days. Most patients were able to resume normal activities such as walking within 24 hours. Post-operative follow up is presented.