Laparoscopy and the Acute Abdomen

September 21, 2006
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OBGYN.net Conference Coverage From World Congress on Gynecologic Endoscopy and The 1st Annual Meeting of the Israel Society of Gynecological Endoscopy, 2000

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Dr. Larry Demco: "Hello, I’m Dr. Demco reporting from the World Congress of Endoscopy from Tel Aviv, Israel and I’d like talk with one of the Chairpersons of the Scientific Committee, Dr. Daniel Seidman from Israel here. He just had a very interesting talk about the role of laparoscopy in the acute abdomen and I was just wondering, Dr. Seidman, how you view the role of laparoscopy in the emergency room situation as you see it?"

Dr. Daniel Seidman: "I think due to the typical low morbidity of laparoscopy it has a great value in that we hesitate less. I think before to go and put a big scar on a belly of a woman that has pain made us hesitant and we might have missed some grave diagnosis. Here we have a quick diagnosis in a relatively safe procedure so I think this really has become the gold standard for quick diagnosis in the emergency room in cases of acute abdomen."

Dr. Larry Demco: "Where do you see its place in regards to less invasive techniques such as CT scans and ultrasound?"

Dr. Daniel Seidman: "Actually, so far we’ve been pretty much disappointed regarding the value of imaging modalities in gynecological peri-pathologies except when one sees the tumors where ultrasound is a very, very valuable tool. Critical diagnoses like torsion where the woman might lose an ovary just because of the delay have been very poorly diagnosed by all the invasive modalities including vascular flow Doppler measurements where we really were hoping that this would give us an immediate diagnosis. So far that has been pretty disappointing so I think laparoscopy still has a very significant role."

Dr. Larry Demco: "Are you doing the laparoscopy right in the emergency room or are you doing it in conjunction in the main operating room?"

Dr. Daniel Seidman: "We have our own gynecological operating room which has been used, of course, extensively for emergency caesarian sections so we use the same set up as an adjacent to our gynecological emergency room."

Dr. Larry Demco: "I’ve been doing some laparoscopy in the emergency room and I’ve found that it shortcuts the time from the onset of the patient coming to the emergency room and getting the final diagnosis. Have you had any experience with doing it in the actual operating room?"

Dr. Daniel Seidman: "We’re hoping that now that they’ve introduced the new microlaparoscopy equipment and the increasing quality of this type of equipment, we’ll be able to do more conscious or local anesthesia laparoscopies. That might be possible in the emergency room but we really haven’t ventured that far but I do foresee in the near future such equipment having a growing role in the on the spot diagnosis."

Dr. Larry Demco: "There’s also been some papers reviewed and some techniques about moving laparoscopy to other venues, one of them being the ICU. Have you in a critically ill patient used it to see if there’s bowel infarction, and have you had any experience or been doing any reading on this?"

Dr. Daniel Seidman: "Again, we don’t have personal experience but I know the general surgeons in Israel and elsewhere have been using it."

Dr. Larry Demco: "Getting back to your experience with one of the acute diagnosis, that being torsion of the ovary, what do you see is the critical time period from the onset of the symptoms to the loss of the ovary?"

Dr. Daniel Seidman: "There’s experimental data coming from annual models showing that even beyond 24 hours and something between 24-48 hours, the ovary can still be viable which is against our intuition. So it’s really important to know that the ovary can become mildly necrotic and can look pretty bad, black and blue and very fragile and still come back to life. So I think up to 48 hours it’s
worthwhile to torque the adnexa and the ovary and then consider either a second look laparoscopy or just use ultrasound to look for follicular activity."

Dr. Larry Demco: "You brought up another interesting topic and that’s called second look laparoscopy. Where do you see its uses?"

Dr. Daniel Seidman: "Again, with the increasing morbidity especially when we have equipment that doesn’t force us to use general anesthesia which from my perspective was the major worry, I think there will be a growing role for such cases especially women who might be destined to do very expensive and complicated IVF and other fertility treatments unless they get very precise data regarding the pelvic organs. So again, I think there’ll be a growing role as the equipment gets better and as we get used to using it."

Dr. Larry Demco: "I’d like to thank you on behalf of OBGYN.net and I’d like to thank you as one of the Organizing Chairman from the Israeli Committee here for putting on such a great conference. Thank you for the interview."

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