

Minimally Invasive Abdominal Surgery

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Open abdominal surgery is performed through large incisions so that the area being operated on is in direct view. This is effective but leads to lengthy recovery times, significant absence from work and regular activities, and large cosmetic defects. First used in general surgery in 1988 to remove a gallbladder ([1](#), [2](#)), laparoscopy is minimally invasive surgery performed through small incisions. Compared with traditional open surgery, laparoscopic procedures shorten recovery times, allow patients to return to work and regular activities faster, and produce better cosmetic results. The development of laparoscopic techniques began a revolution in general surgery, and now minimally invasive techniques are used for many different abdominal procedures. At Ochsner, we are developing new and better ways to care for patients with a program in advanced laparoscopy designed to perfect established techniques, find new applications, and teach laparoscopic surgery.

Laparoscopy begins with small incisions kept open with tubes called trocars. The abdomen is insufflated with carbon dioxide gas to make room for the surgery to be performed, and a camera is attached to a laparoscope allowing a view of the procedure on a video monitor. All laparoscopic instruments are long and thin enabling them to be inserted through trocars to reach the area of surgery.

Contraindications to laparoscopic surgery are only relative. Uncorrectible coagulopathy, severe chronic obstructive pulmonary disease, late pregnancy, and surgical inexperience may necessitate open surgery. Scarring from previous operations is usually not an indication for open surgery. For malignant diseases, laparoscopy has been used mainly as a staging procedure.