

### FIVE YEARS RESULTS OF I.T.E.M. LAPAROSCOPIC SURGERY TRAINING CENTER

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**Background:** In this paper, we would like to present the results of the laparoscopic applications which were performing during postgraduate educational activities of I.T.E.M.'s training team in all over the country. I.T.E.M. is endorsed by EAES and SAGES and, it is unique in the world due to the ability of serving laboratory practice and operational education to surgeons together.

**Material and Method:** Since 1994, in which the year of establishment of I.T.E.M. training center, 1120 surgical specialist were educated. Education has two stages: first, theoretical and hands on laboratory in I.T.E.M. and in second; operational in the trainee's hospital. Among them, 1016 surgeons intended to the operational education. There were 8647 cases with 19 different type of surgeries applied until June 2000. These series also includes their operations after completing surgeons video surgery education.

**Results:** were shown in the following table:

OPERATION	#	Time (min)	Morbidity	Conversion
Cholecystectomy	3,740	42	96 %2,56	98 %2,6
TEP	1,867	49	41 %2,19	15 %0,8
Appendectomy	195	33	4 %2,05	0
Hydatid disease	98	81	2 %2,04	1 %1,02
Ventral hernias	78	83	2 %2,56	1 %1,28
BTV+Pyloroplasty	17	77	0	0
BTV+Gastroenterostomy	3	128	0	0
Nissen Operation	23	72	2 %8,69	2 %8,69
Diagnostic laparoscopy	340	15	0	0
Tubal ligation	854	22	0	0
Over cyst	344	42	10 %2,90	4 %1,16
Burch Operation	522	31	27 %5,17	0
Hysterectomy	63	95	4 %6,34	0
LUNA	234	23	0	0
Adhesiolysis	144	54	10 %6,94	0
Lymphnode Dissection	63	49	6 %9,95	0
Nephrectomy	33	104	3 %9,09	1 %3,03
Urinary stone extraction	18	83	1 %5,55	2 %11,1
Rectopexy	11	112	1 %9,09	0
TOTAL	8,647		208 %2,40	124 %1,43

**Conclusion:** These results were showing that, adequate and intensive pre-operative and intraoperative education encourages the surgeons, prevents the complications, decreases the conversion rates

### COMBINED LAPAROSCOPIC CHOLECYSTECTOMY AND RENAL CYST DECORTICATION

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**Background:** Videoassisted surgery has been increasingly applied in different fields of surgery. This report concerns the authors' experience to perform a combined laparoscopic cholecystectomy and symptomatic, renal cyst decortication.

**Methods:** Patients were 3 males and 1 female (mean age 62 years). Indication to decortication of cysts was in all cases pain. Mean diameter of the cyst was 11.2 cm. and involved left and right kidney respectively in 3 and in 1 patient. All cysts were peripheral and were classified preoperatively as benign simple cysts according to Bosniak classification. Surgical procedure was performed using in 3 cases four trocars and in the remaining five trocars. Results: Mean operative time was 110 minutes and mean blood loss was 40cc. All patients were successfully treated by laparoscopic approach. Postoperative pain was minimal and patients required analgesics (ketorolac 30mg) only for the first 24 hours. Oral intake was started in all cases on postoperative day 1. Mean postoperative ileus was 2.2 days. No significant complications were observed. Mean postoperative in-hospital stay was 3.5 days. Histology confirmed that all cysts were benign. At follow-up examinations all patients were pain-free and US controls showed no recurrence of the cyst in 3 patients whereas in one case a 2.5 cm new cyst developed in the lower pole of the left kidney, adjacent to excised cyst.

**Conclusions:** Combined laparoscopic cholecystectomy and renal cyst decortication is technically feasible in selected cases and does not seem to significantly adverse perioperative course of cholecystectomy.

### GASLESS EXTRAPERITONEAL BURCH OPERATION

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**Background:** Urinary stress incontinence makes up a very significant group of diseases for women above a particular age. Surgical treatment is the most efficient one among the treatment modalities employed.

**Material:** In this study, we operated a total of 7 patients for whom a Burch operation was scheduled endoscopically without insufflating CO<sub>2</sub>. We performed this study in a group of 7 patients who applied to Karaman State Hospital between July 1998 and July 1999 with the complaints of stress incontinence. The age of the patients ranged from 34 to 51 (mean 41.5 years). The mean body weight was 64 kgs. and the average parity was 3.

**Method:** Laparolift was installed to the opposite side of the operation table. After the insertion of catheter, an oblique incision was made inferior and lateral to umbilicus in 1 cm length. Following balloon dissection, Long L-shaped laparofan was inserted and attached to the Laparolift. After structural balloon application and under direct vision, we placed one working valveless trocar. Following the paravaginal and Cooper dissection, 2 pieces of 3x1.5 cm. meshes were delivered and tacked to the both paravaginal regions by the help of the fingers in the vagina.

**Results:** The mean operative time was 34 (ranged 24-55) minutes. It is very impressive to obtain the average blood loss being 25 ml (0-100) and the visual pain score at the 12th hours being as low as 1.3 (0-10). The mean duration of stay for the Foley catheter was 8.5 hours (6-24). It was kept in place for 24 h due to detrusor instability in a patient and the patient was discharged on anticholinergic therapy. The mean duration of hospital stay was 1 day and the patient returned to daily routine activities after a mean of 6 days (5-9). Total complication rate was 14.2%. Tissue necrosis or gross hemorrhage were not encountered.

**Conclusion:** Such an operative technique was impressive since the quality of vision, the colors and the tissues visualized were identical to open surgery. The opportunity to use multiple instruments via a single port and the most important of all the lack of potential harms of carbon dioxide gas. We believe that this interventional technique can be useful in patients with cardiac or pulmonary problems.

### LAPAROSCOPIC EXTRAPERITONEAL BURCH OPERATION

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**Background:** Until today, many methods have been developed by surgeons for the surgical treatment of stress incontinence. But in comparative studies, retropubic approaches seem to be the most successful method considering the success rates in long-term follow up periods.

**Material:** We carried out this study between January 1997 and June 1998 in a group of 31 patients who applied with the complaints of stress incontinence. The mean age of the patients were 41.4 years and the average parity was 2.48.

**Method:** Preoperatively, to every patient, a full physical examination was performed and history was obtained. Pelvic and neurological examination for the lower extremities were also performed. Following the balloon dissection, one 5 mm. trocar inserted into the Retzius at midline. Meshes were attached to the paravaginal tissues bilaterally. Then, keeping the area in the suspended position by elevating the tissues as much as possible using the hand in the vagina, the sides of the meshes were attached to Cooper's ligament by using tacks.

**Results:** The operation time decreased from 77 minutes at the beginning to 24 minutes for the latest patient. (mean 39 minutes) Postoperative visual pain score was observed to be 2.4. The mean duration of stay for Foley catheter was 11.6 hours and the duration of hospital stay was 1.2 days on the average. Two patients experienced subfebrile fever postoperatively, while none had any evidence of infection. We observed hematuria in a patient (3.2%) and detrusor instability in 2 (6.4%). Adding the patient who had bladder injury, the total rate of complications was found to be 12.8%. In the whole group, none of the patients applied due to recurrent complaints or any complications, after an average follow-up of 8.1 months.

**Conclusion:** The most important advantages of this technique were the performance of the operation extraperitoneally. We are aware that a significant proportion of women population have deprivation of life quality because of stress incontinence. We conclude that, it is very important that we can offer such a technique to the patient group who reject surgical manipulation.