

Posters

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INFORMATION REGARDING LAPAROSCOPY ON THE WORLD WIDE WEB IN ITALY ARE THEY RELIABLE ?

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Aims: of the study was to consider the information on laparoscopy found on the World Wide Web in Italy, in order to analyze their quality and usefulness for patients and doctors.

Methods: four search engines (Virgilio, Google, Excite, Alta Vista), were used, a review of webpages was undertaken, displaying possible advertising banners, personal pages, institutional pages, scientific reports.

Results: the search phrase "laparoscopia" (laparoscopy) was queried. There were 23, 697 337 484 webpages listed in their respective directories. However the majority of these represented duplicates, subpages offering services in private or public hospitals, "dead links" and abstracts, there were 6 advertising banners. The number of real websites was 23, 13 of which personal and 10 institutional. The sites were displayed and evaluated. Webpages containing educational material patient and doctor dedicated were revised. The content of the pages was judged controversial by the authors, only three sites were judged effective. Information to the patient was judged inadequate. Curiously, the website of SICE (Società Italiana di Chirurgia Endoscopica) was not found by all the search engines, furthermore it can just be displayed in English.

Conclusion: At present Internet in Italy does not seem to be a reliable source of patient or doctor information about laparoscopy. There are just a few pages qualified. Educational and interactive pages for patients and physicians are needed. Furthermore, most Italian patients cannot have the access to more reliable information, which are available on sites in English.

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OPEN OR ENDOSCOPIC EXTRAPERITONEAL SURGERY FOR BURCH

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Background: The number of patients who are operated with the diagnosis of stress incontinence make up a significant proportion of gynecologic operations. It is known that such a complaint arises in women depending on the number of vaginal deliveries and diminishing hormonal support towards menopause.

Material and method: We composed a study group of 64 patients for whom Burch operation was planned against stress incontinence. Thirty three of them underwent Burch operation by open surgical technique, while 31 experienced the Burch operation endoscopically. The surgeons performing the operations were identical in both groups using different parameters and important results were obtained. In both group, the same diagnostic tests and preoperative procedures were carried out. Burch operation with endoscopic balloon dissection method gives excellent vision of the operative field extraperitoneally in the retroperitoneal region. Furthermore, by producing effective hemostasis and dissection, this technique added to the operative perfection and shortened the operative time. Postoperatively, drainage is not required, the period of bladder catheterization is shortened as well as the recovery period for the patient, and parallel to this the period of hospital stay is shortened by endoscopic surgery. All these have been recognized as important advantages of this technique.

Results:

	Open Surgery	Endoscopic Surgery
Previous operation	%33	%51
Operation time	65 min	39 min
Hemovac drainage	2nd day	Not required
Foley catheter	3.6 days	1.1 days.
Postop. visual pain scor	5.3	2.6
Recovery time	24 hours	6 hours
Hospital stay	5.2. days	1.2 days

Conclusion: The importance of endoscopy among such operations is stressed among such operations is stressed by the cosmetic satisfaction of the patient in the control examinations, the shortened period of return to previous active life and reduced costs. We believe that, in our study group, such procedures have been easy and convenient for the surgeon and quite easeful and efficient for the patient.

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THE EFFECTS OF ENDOSCOPIC SUBURETERAL SILICON MICROPARTICULATE USE ON TREATMENT OF PRIMARY VESICoureTERAL REFLUX

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Background: To determine whether use of silicon microimplant particulate through subureteral endoscopic injection, a minimally invasive treatment modality, alleviated symptoms and whether it improved treatment of 33 patients with vesicoureteral reflux.

Methods: This study included 33 patients (26 female and seven male). Under general anesthesia, patients were administered enough subureteric silicon microparticulate to produce a bulging in the orifice of ureter depending on the site and type of ureteral orifice detected on cystoscopy and on grade of reflux on voiding cystoureterography. All patients were discharged on day 1 after the operation, with no complication.

Results: An average of 2.62 cc macroplastique was administered to patients. 26 patients underwent one session of therapy, 6 patients two sessions and 1 patient three sessions. Patients were followed for a mean of 14.6 months and 41 ureters of these patients were evaluated. Complete improvement or decrease in degree of reflux was considered as favorable outcome. The success rate was 83.3%. Five patients underwent surgical operation. No complication occurred due to subureteral endoscopic injection.

Conclusions: Subureteric endoscopic injection is an alternative in treatment of vesicoureteral reflux in that it is minimally invasive in selected cases with an acceptable success rate. Silicon microparticulate with proven safety and proper biodegradable composition contributes to the favorable outcome of the procedure.

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LAPAROSCOPIC TREATMENT FOR GALLBLADDER UNKNOWN CANCER: OUR EXPERIENCE

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Gallbladder carcinoma is the most common malignancy of the biliary tract but it is sometimes difficult to detect preoperatively. Some of these are first diagnosed as incidental findings during cholecystectomy performed on account of some benign biliary disease. There are still controversies regarding the type of curative surgical treatment for this disease. In our structure we treated 1200 laparoscopic lithiasic cholecystectomy. Only in two cases we found preoperatively unknown gallbladder carcinoma. In both case, patients women 75 and 80 aged with cronical lithiasic symptoms, we didn't found cancer evidence on blood exams and with hepatobiliary echography. We use laparoscopic approach and we saw macroscopically gallbladders with the presence of hard plaques, raised and white, involving liver, with gallbladder wall of extremely hard consistency, involved in hard adhesions around the gallbladder, in both cases. From the laparoscopic point of view, the macroscopic findings are significant to permit a probable but not certain diagnosis. In the first case we were able to make laparoscopic cholecystectomy but in the second case, the hard adhesions was due to made a principal biliary tract lesion and we converted to laparotomy. We made cholecystectomy and we left a Kehr drainage in the biliary tract. Successively histopathology found adenocarcinoma of gallbladder in both case but was impossible make the successively treatment because both patients dead after three months as complicity of this primary lately discovered pathology.

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