Appendektomie - offen versus laparoskopisch

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Abteilung für Allgemeinchirurgie

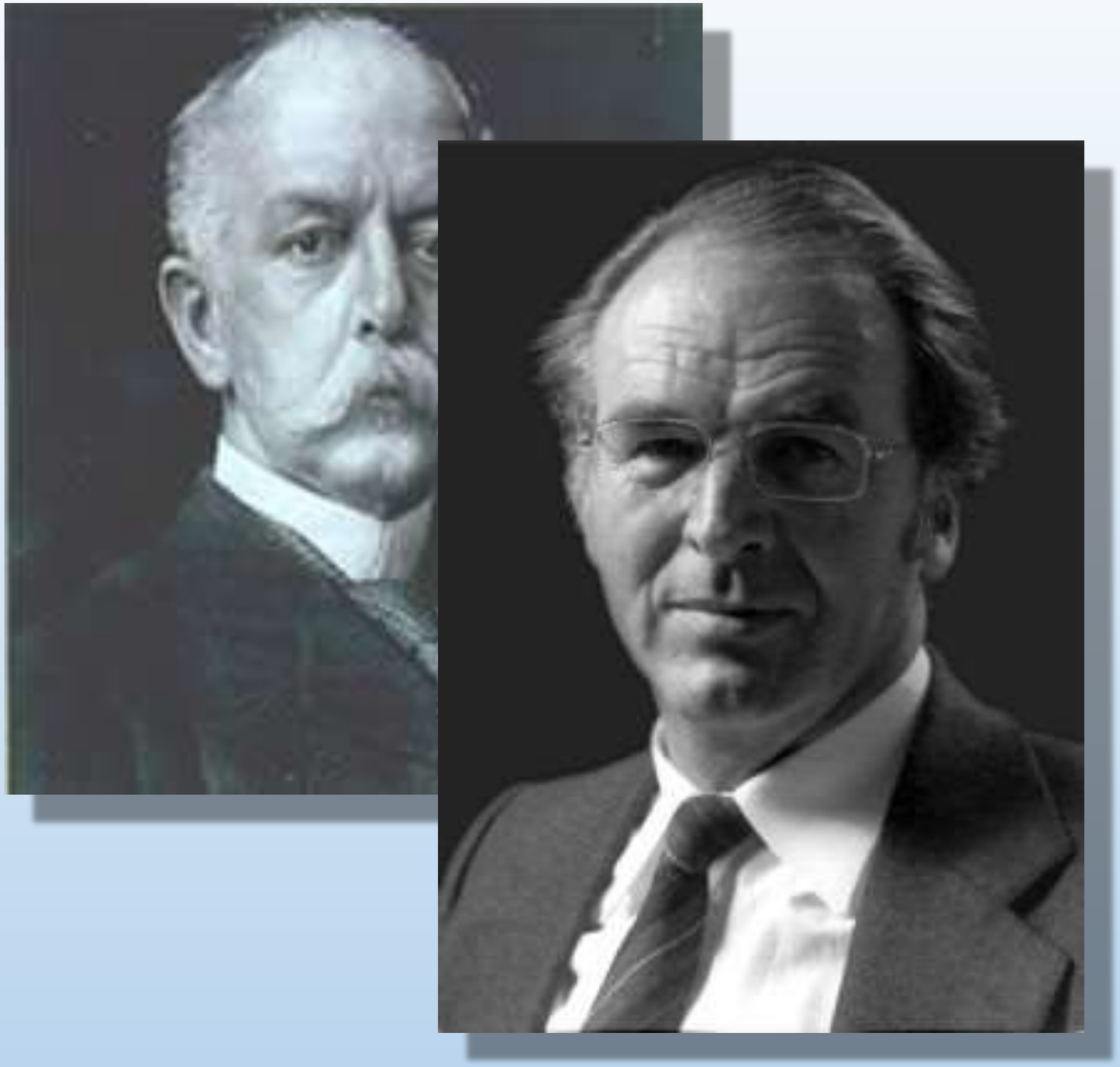
LKH Hochsteiermark/Standort Bruck an der Mur

ISDS Frühjahrstagung 2017

Paphos/Zypern

Geschichte

Charles McBurney 1889 (1)



Kurt Semm 1980 (2)

• (1) McBurney C. IV. The Incision Made in the Abdominal Wall in Cases of Appendicitis, with a Description of a New Method of Operating. *Ann Surg* 1894; 20: 38-43 [PMID: 17860070]

•*(2)Endoscopic appendectomy.* In: *Endoscopy*. 15 (1983), S. 59–64. PMID 6221925


MÖCHTEN SIE VIELLEICHT NOCH IHREN FACEBOOK-STATUS AUF "BEWUSSTLOS" AKTUALISIEREN?!
Mehr Cartoons unter:
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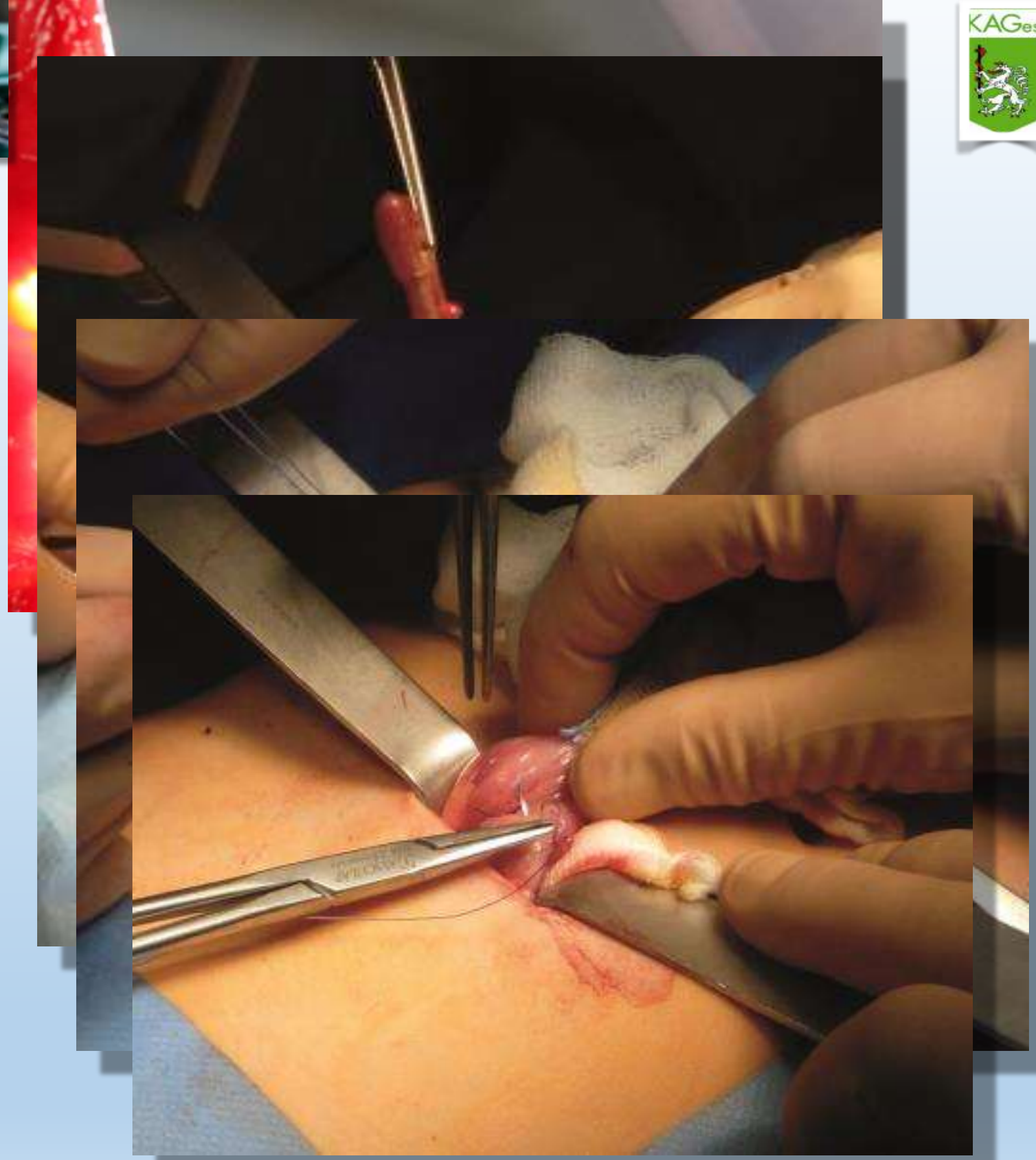
Technik offen

Wechselschnitt im re Unterbauch

Schnittverlängerung

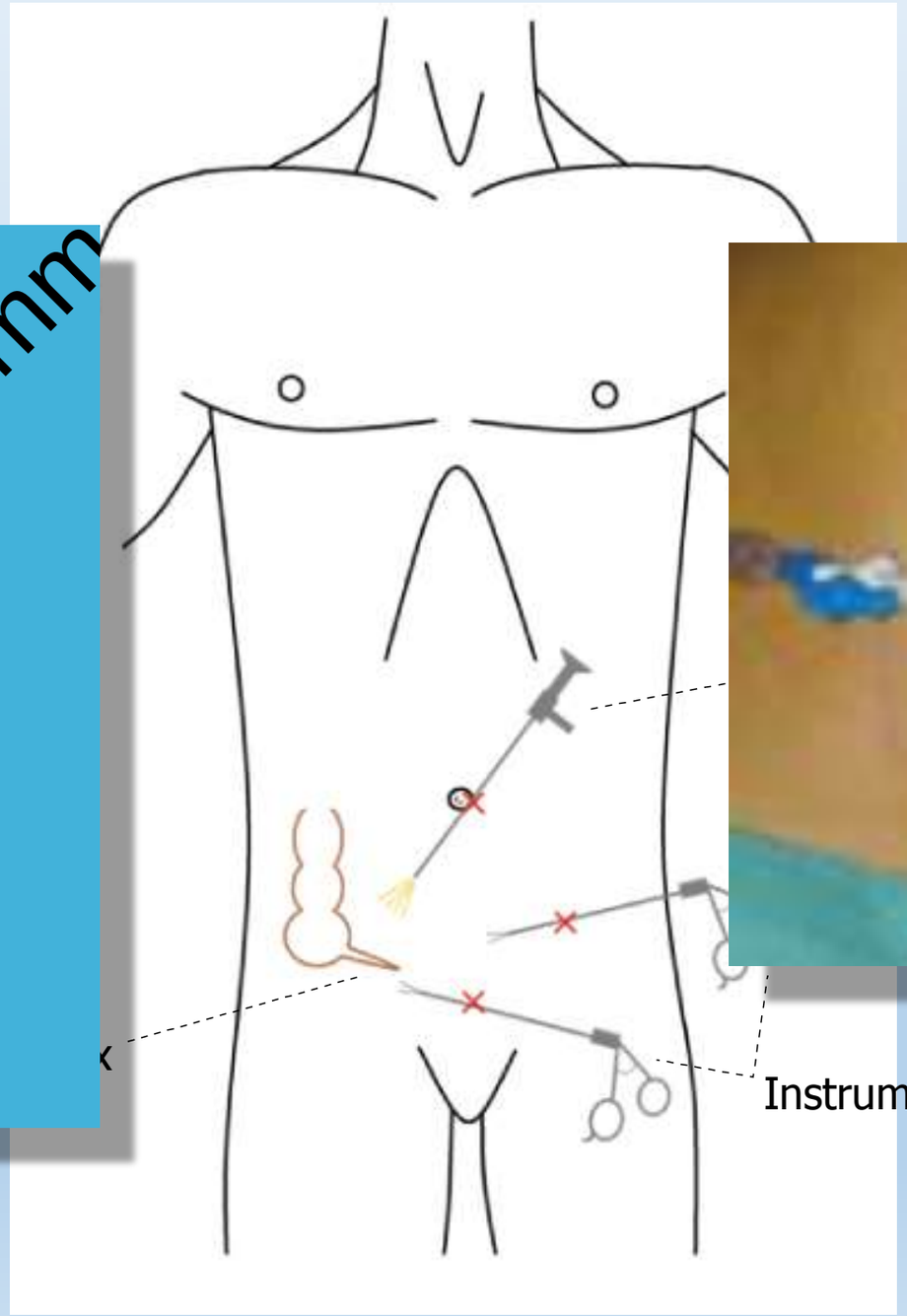
Transrektalschnitt

Mediane Unterbauchlaparotomie



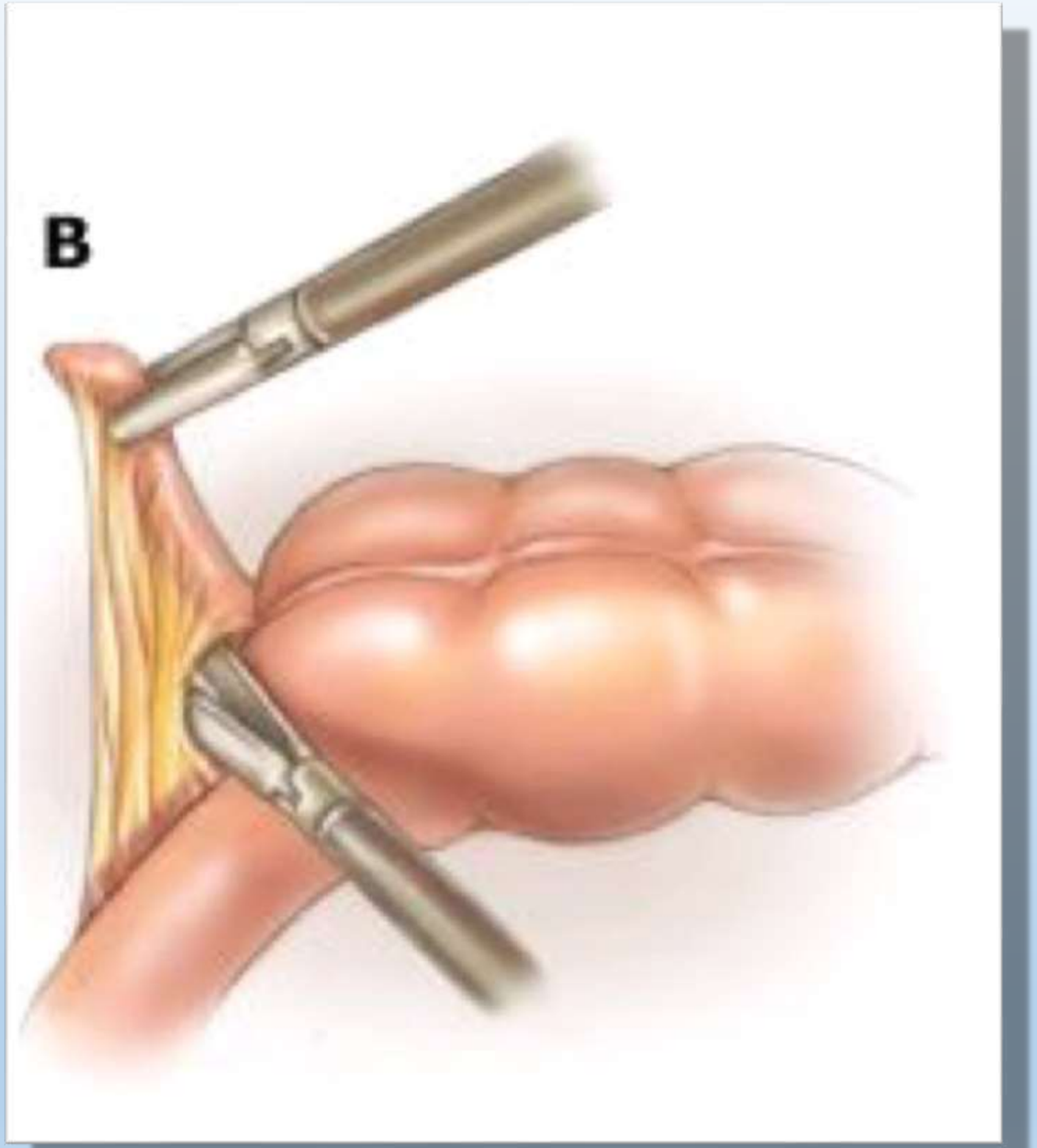
Technik laparoskopisch

Ruffolo C et al. Acute appendicitis



Instruments

rudolf.schrittwieser@kages.at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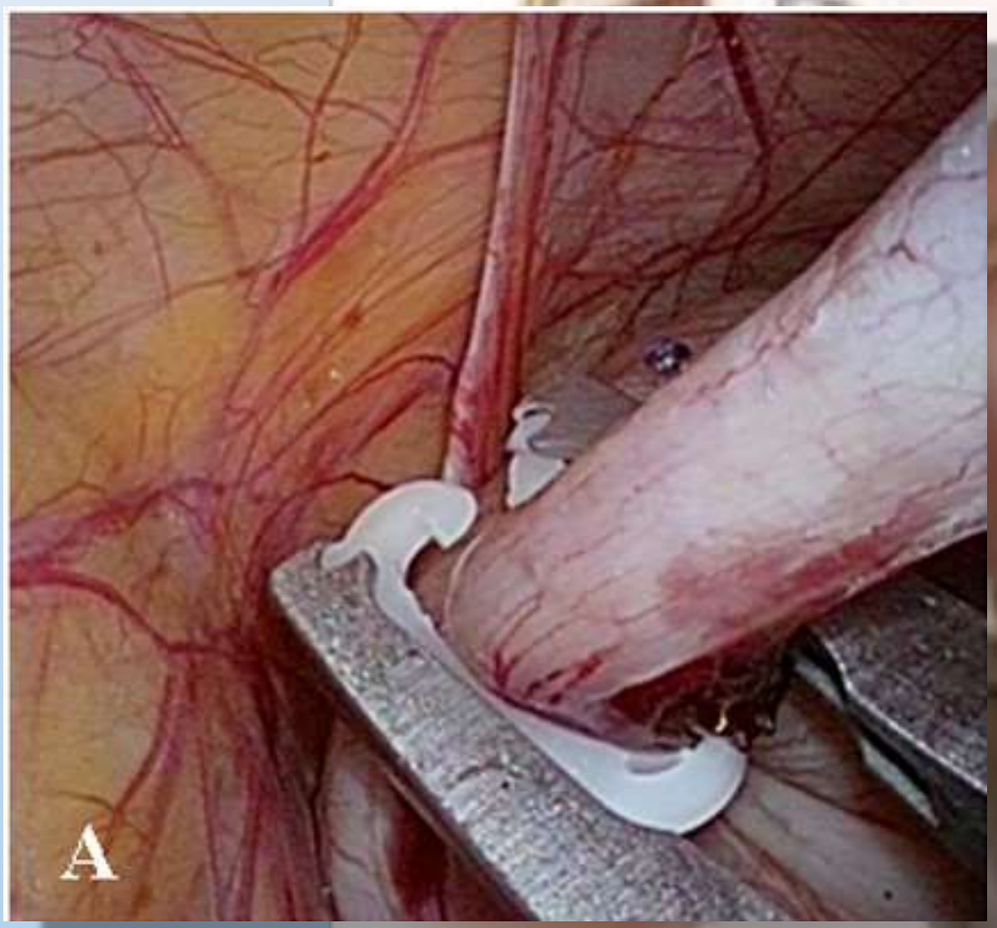
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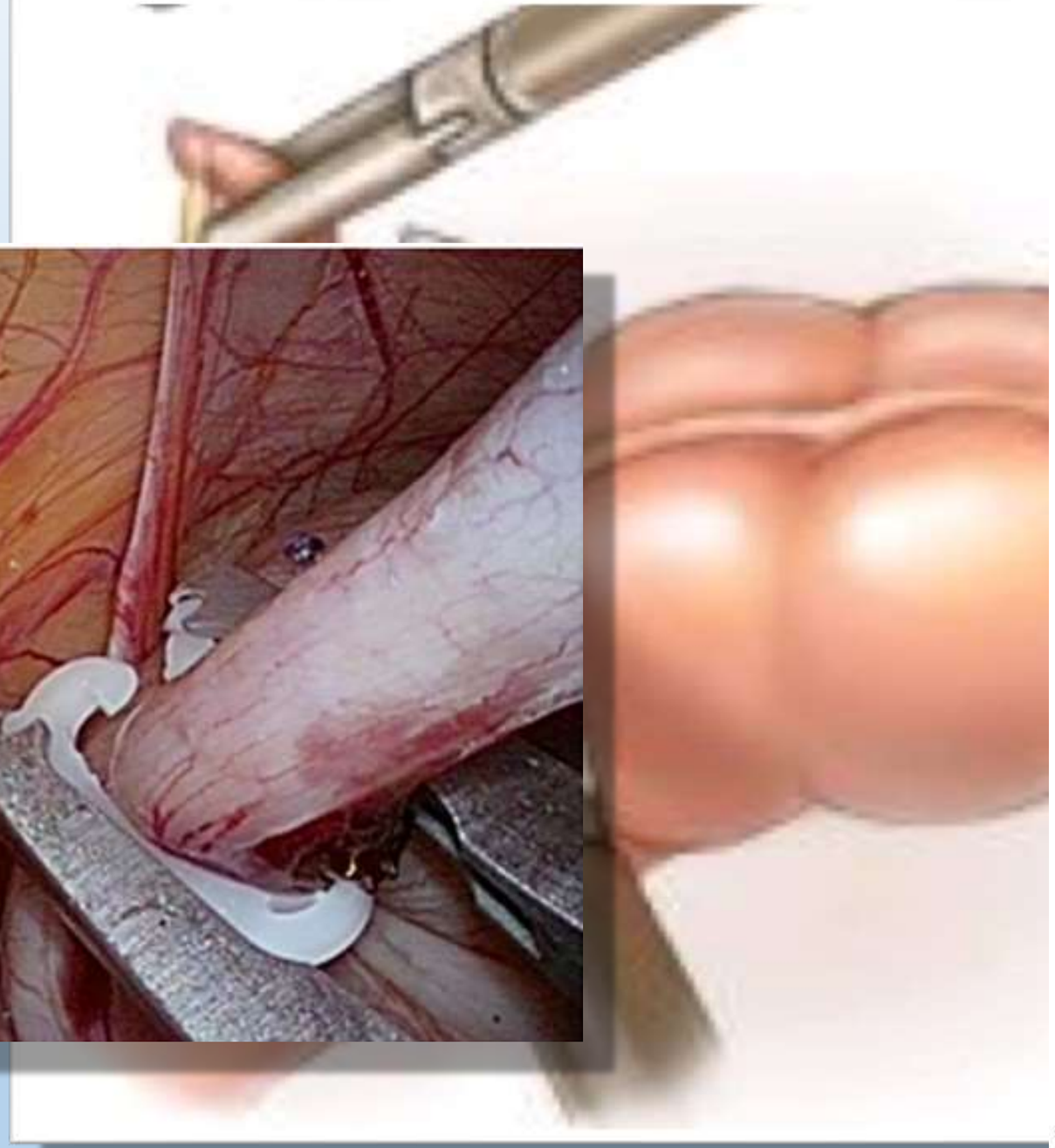

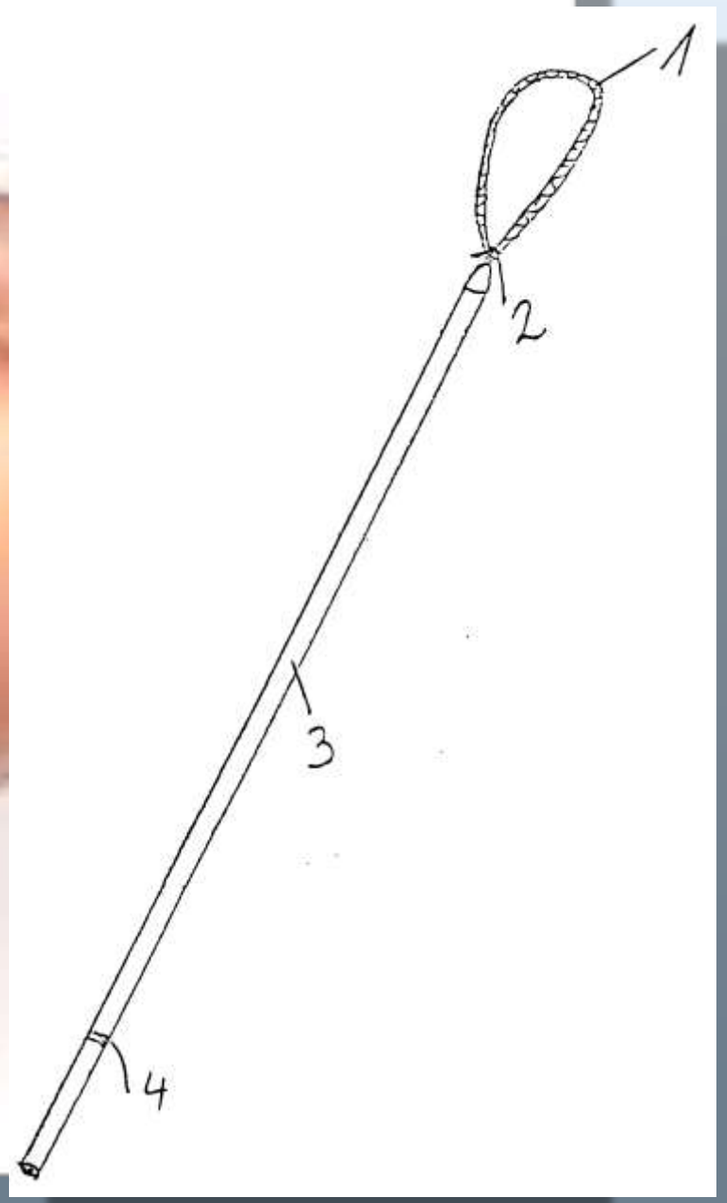
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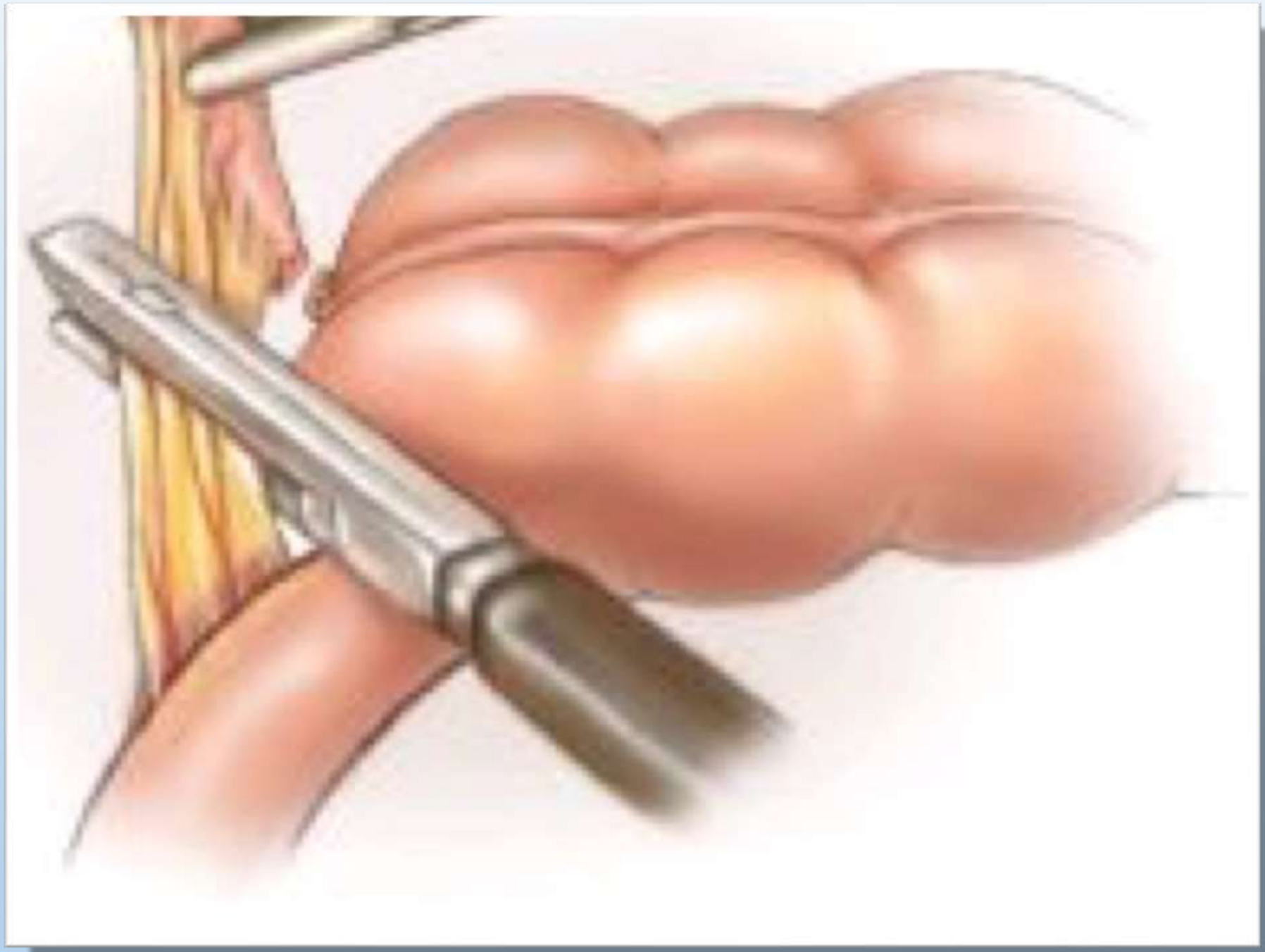

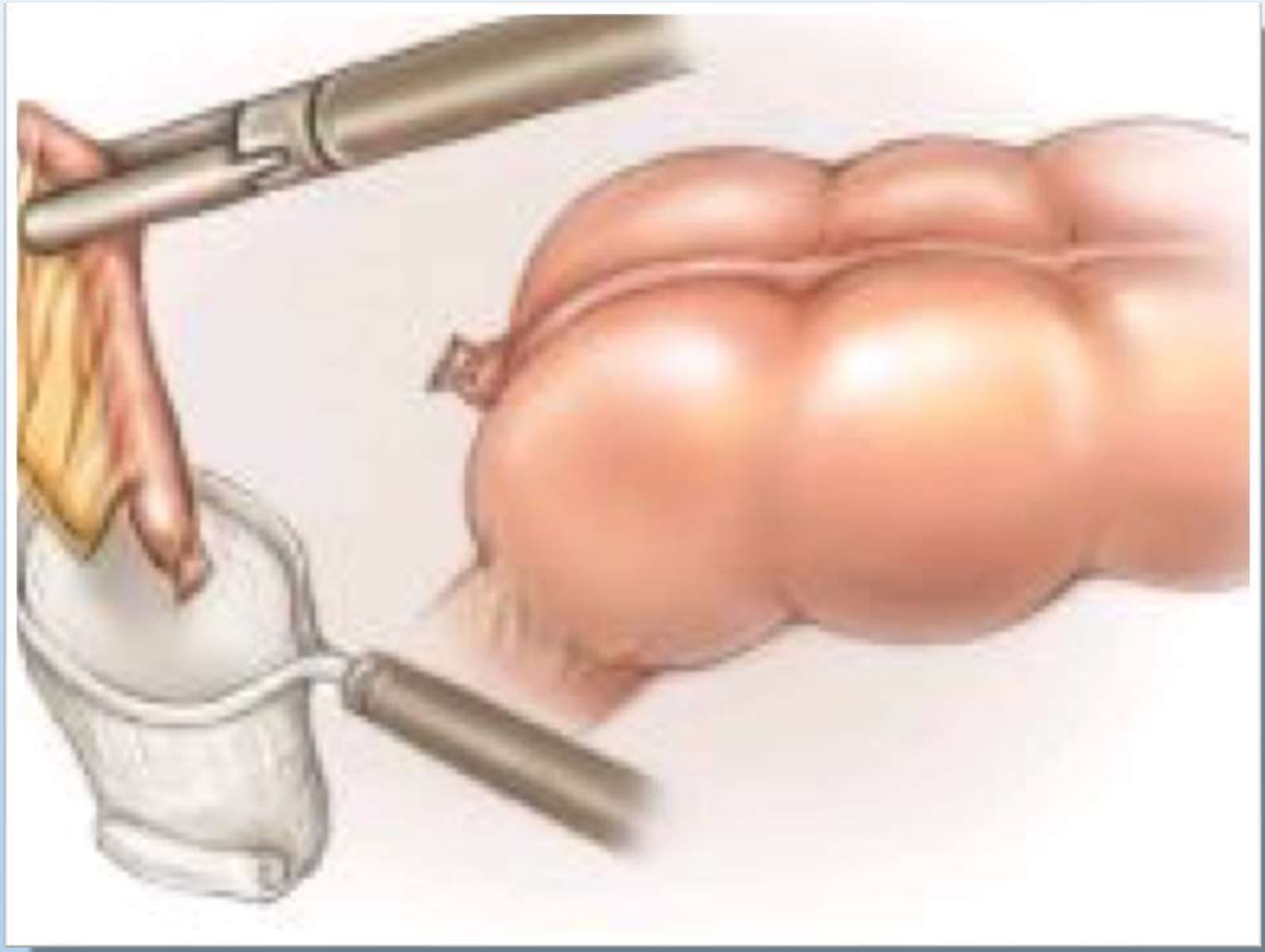

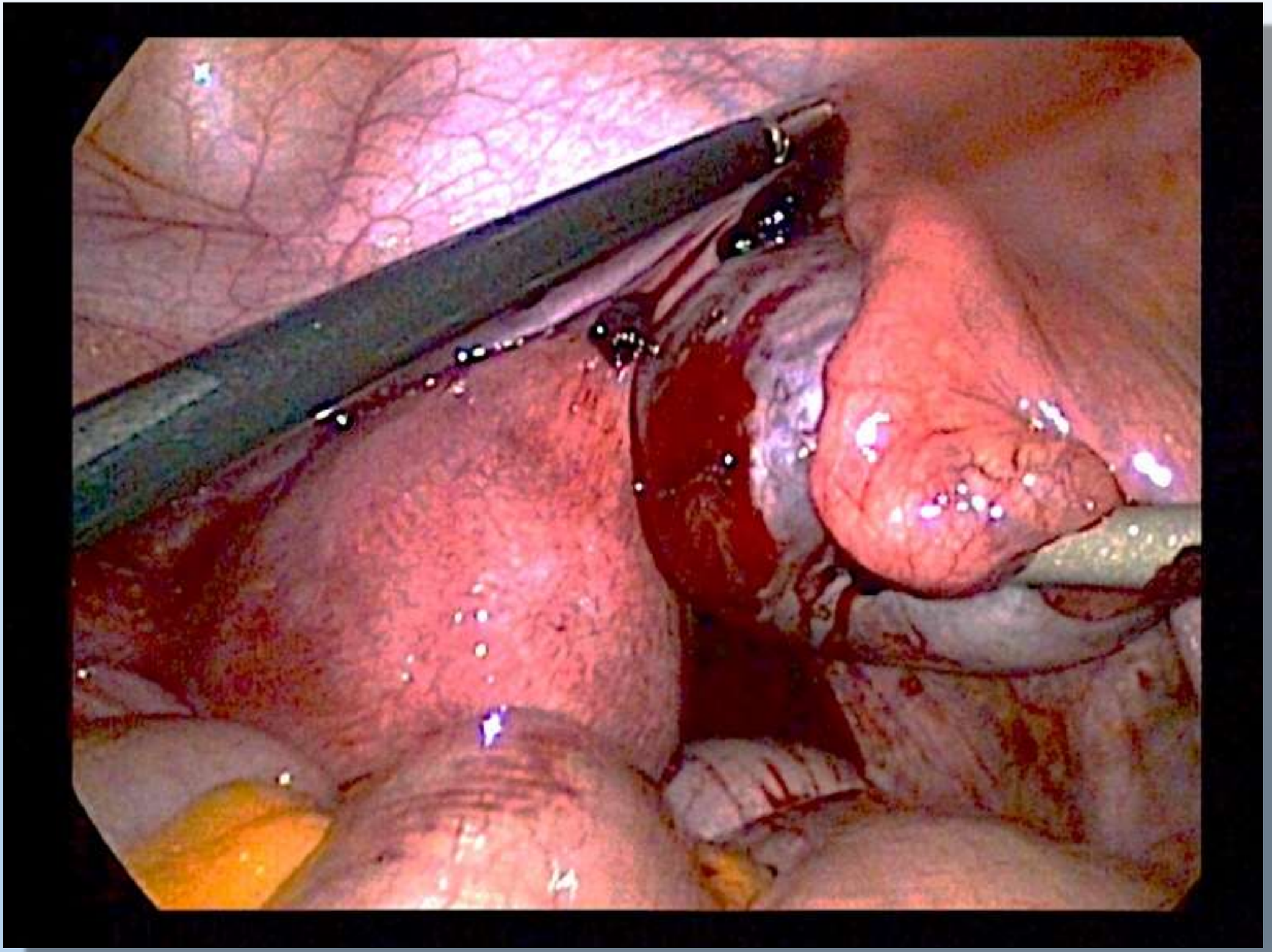


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SCIENTIFIC PAPER

ISLS

Surg Endosc (2016) 30:4668–4690
DOI 10.1007/s00464-016-5245-7

CONSENSUS STATEMENT

Laparoscopic Versus Open Appendectomy

Outcomes Comparison Based on a Large Administrative Database

Ulrich Guller, MD, MHS,‡ Sheleika Hervey, BA,‡ Harriett Purves, MPH, BS,‡ Lawrence H. Muhlbaier, PhD,§ Eric D. Peterson, MD, MPH,¶ Steve Eubanks, MD,* and Ricardo Pietrobon, MD‡‖*

Rick S. van den Helder[15] · Florin Iordache[17] · Johannes C. F. Ket[15] · Filip E. Muysoms[10] · M. Mahir Ozmen[16] · Michail Papoulas[17] · Michael Rhodes[18] · Jennifer Straatman[1] · Mark Tenhagen[2] · Victor Turrado[19] · Andras Vereczkei[20] · Ramon Vilallonga[21] · Jort D. Deelder[13] · Jaap Bonjer[1]

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Di Saverio *et al. World Journal of Emergency Surgery* (2016) 11:34
DOI 10.1186/s13017-016-0090-5

World Journal of Emergency Surgery

REVIEW Open Access

WSES Jerusalem guidelines for diagnosis and treatment of acute appendicitis

Statement 5.1.1:

Laparoscopic appendectomy should represent the first choice where laparoscopic equipment and skills are available, since it offers clear advantages in terms of less pain, lower incidence of SSI, decreased LOS, earlier return to work and overall costs. (EL 1, GoR A)

Di Saverio *et al. World Journal of Emergency Surgery* (2016) 11:34
DOI 10.1186/s13017-016-0090-5

World Journal of Emergency Surgery

REVIEW Open Access

WSES Jerusalem guidelines for diagnosis and treatment of acute appendicitis

Statement 5.1.2:

Laparoscopy offers clear advantages and should be preferred in obese patients, older patients and patients with comorbidities. (EL 2, GoR B)

Di Saverio *et al. World Journal of Emergency Surgery* (2016) 11:34
DOI 10.1186/s13017-016-0090-5

World Journal of Emergency Surgery

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WSES Jerusalem guidelines for diagnosis and treatment of acute appendicitis

Laparoscopy is feasible and safe in young male patients although no clear advantages can be demonstrated in such patients. (EL 2, GoR B)

Di Saverio *et al. World Journal of Emergency Surgery* (2016) 11:34
DOI 10.1186/s13017-016-0090-5

World Journal of Emergency Surgery

REVIEW Open Access

WSES Jerusalem guidelines for diagnosis and treatment of acute appendicitis

Statement 5.1.4:
Laparoscopy should not be considered as a first choice over open appendectomy in pregnant patients. (EL 1, GoR B)

Di Saverio *et al. World Journal of Emergency Surgery* (2016) 11:34
DOI 10.1186/s13017-016-0090-5

World Journal of Emergency Surgery

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Statement 5.1.5:

No major benefits have also been observed in laparoscopic appendectomy in children, but it reduces hospital stay and overall morbidity. (EL 1, GoR A)

Di Saverio *et al. World Journal of Emergency Surgery* (2016) 11:34
DOI 10.1186/s13017-016-0090-5

World Journal of Emergency Surgery

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Statement 5.1.6:
In experienced hands, laparoscopy is more beneficial and cost-effective than open surgery for complicated appendicitis. (EL 3, GoR B)

Di Saverio *et al. World Journal of Emergency Surgery* (2016) 11:34
DOI 10.1186/s13017-016-0090-5

World Journal of Emergency Surgery

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WSES Jerusalem guidelines for diagnosis and treatment of acute appendicitis

Statement 5.3.1:
There are no clinical differences in outcomes, LOS and complications rates between the different techniques described for mesentery dissection (monopolar electrocoagulation, bipolar energy, metal clips, endoloops, Ligasure, Harmonic Scalpel etc.). (EL3, GoR B)
Statement 5.3.2:
Monopolar electrocoagulation and bipolar energy are the most cost-effective techniques, even if more experience and technical skillsis required to avoid potential complications (e.g. bleeding) and thermal injuries. (EL3, GoR B)

Di Saverio *et al. World Journal of Emergency Surgery* (2016) 11:34
DOI 10.1186/s13017-016-0090-5

World Journal of Emergency Surgery

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WSES Jerusalem guidelines for diagnosis and treatment of acute appendicitis

Statement 5.4.1:
There are no clinical advantages in the use of endostapler over endoloops for stump closure for both adults and children. (EL 1, GoR A)
Statement 5.4.2:
Endoloops might be preferred for lowering the costs when appropriate skills/learning curve are available. (EL 3, GoR B)

Zentralbl Chir 2016; 141 - A25
DOI: 10.1055/s-0036-1586290

Röder-Schlinge oder Lineares Klammernahtgerät für die laparoskopische Appendektomie: Eine Kosten- und Effektivitätsanalyse

M Mehdorn [1], I Gockel [1]

- [1]Uniklinikum Leipzig, Klinik für Viszeral-, Transplantations-, Thorax- und Gefäßchirurgie, Leipzig, Deutschland

- ..."*ergibt sich eine Kostenersparnis von 76€ pro Operation*."

- *„...nicht die erhoffte deutliche Ersparnis brachte..."*

Di Saverio *et al. World Journal of Emergency Surgery* (2016) 11:34
DOI 10.1186/s13017-016-0090-5

World Journal of Emergency Surgery

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Statement 5.4.3: There are no advantages of stump inversion over simple ligation, either in open or laparoscopic surgery. (EL 2, GoR B)

Ausbildung?

Asian Journal of Surgery (2017) xx, 1e4
Available online at www.sciencedirect.com ScienceDirect
journal homepage: www.e-asianjournalsurgery.com
ORIGINAL ARTICLE
Can laparoscopic appendectomy be safely performed by surgical residents without prior experience of open appendectomy?
Kosuke Hiramatsu*, Shigeo Toda, Tomohiro Tate, Yudai Fukui, Kenji Tomizawa, Yutaka Hanaoka, Jin Moriyama,
Shuichiro Matoba, Hiroya Kuroyanagi
Department of Digestive Surgery, Colorectal Surgery Unit, Toranomon Hospital Tokyo, Tokyo, Japan
Received 24 September 2016; received in revised form 28 November 2016; accepted 5 December 2016

Conclusion: Laparoscopic appendectomy can be performed safely by surgical residents who had little experience or training with animal models or open appendectomy. In this era of laparoscopic surgery, laparoscopic appendectomy represents an important opportunity for training surgical residents with little experience of open surgery.

Zusammenfassung

- Adipositas
- Begleiterkrankungen
- Ältere Pat.
- Erweiterte Diagnostik
- Präparation bei schwieriger Lage
- Kosmetik?
- Narbenhernien?

- Kosten?
- Lernkurve?


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