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LOOK LAPAROSCOPY – A NOVEL WAY TO APPROACH AND PLAN

Gynaecology

Jyoti Kankanala* FRCOG, DFFP, DNB, DGO, working as a HOD and Consultant Obstetrician and Gynaecologist, Continental Hospital, Hyderabad, Telangana, India. *Corresponding Author

ABSTRACT

Look Laparoscopy -A novel way to approach in cases where there might be a dilemma if we should choose the open mode for any procedure or where there is risk of adhesions to see the extension of adhesions .
This novel approach has been used in suspected ovarian cyst mostly and in cases of previous endometriosis and pelvic pain of unexplained etiology midline scar and acute abdomen and also in cases of large fibroids to review if feasible to perform as imaging and live review of fibroid depth size can be very different .

KEYWORDS

BACKGROUND

Look laparoscopy has been my approach since 2013 where there was a case of(8-10 cm) large ovarian cyst and may be a degenerated fibroid in broad ligament even on MRI and ca 125 was borderline high and in this case 5mm 2 ports were inserted and a journey through abdomen and pelvis was performed for 15 minutes which gave an idea on that it was a ovarian mass adherent to pouch of douglas and no easy accessibility and looked like adherent and on table oncosurgeon view was taken and his advice was for open procedure as per age of patient and inside view large transverve incision (as no peritoneal infiltrates seen and liver was normal) taken the ovarian mass was sent for frozen section which turned out to be a rare case of primary lymphoma of ovary and then proceeded for further surgery as per oncosurgeon .

In this case look laparoscopy helped me in seeing if it was a solid mass ovarian or others thought imaging is done and secondly to know if any peritoneal involvement and liver and bowel seen appropriately .it helped me taking oncosurgeon advice immediately and avoid large midline scar as no peritoneal disease decided to give large transverse incision as it did not compromised any procedure.

Since then I usually look around with 5 mm laparoscopy in midline scar I go through palmers 5mm port and evaluate and proceed either for open or laparoscopy this gives us a thought process about risk of injury and whether easy by laparoscopy or open method would be better .

In a case of corneal ectopic look laparoscopy helped in decision if open would be better or not .

CONCLUSION

In my 7 years of experience a 5mm ports can be 2 or three in number can be supraumblical or palmers helps in guiding us better and understanding the pathology better on table .i haven't experienced any increase in time or complications due to this additional procedure .