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Laparoscopic entry techniques: a survey of current preferences of South African general surgeons

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2021

https://hdl.handle.net/10539/33636

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ABSTRACT

Introduction: Laparoscopy has been popularized over the past few decades due to numerous proposed benefits over open surgery. Entry injuries at the time of placing the primary access port remain a significant risk to the patient. We conducted this study to evaluate the current practice of laparoscopic entry techniques among general surgeons in South Africa.

Objectives: The primary objectives were to determine the preferred techniques of primary access and whether the preferred choice of technique has changed over the last decade. We also sought to determine the factors influencing choice of technique and with which techniques surgeons have had the most complications.

Methods: A national survey created using Surveymonkey.com was distributed via email to practicing general surgeons. We included surgeons affiliated with ASSA (Association of Surgeons of South Africa) and the eight medical schools across the country. Questions were asked to fulfil the objectives and a descriptive analysis was undertaken.

Results: Responses were received from 124 surgeons. The Hasson open entry technique is currently used by 54.8% for primary access whilst 31.4% use visual access techniques. 37.1% reported a change in routine over the last decade and two thirds of those surgeons changed to visual access systems. Bowel injury related complications were reported by 33.9% of respondents and 11.3% reported major vascular injury related complications during primary access. Approximately 45% of bowel and major vascular injuries occurred with the use of visual access techniques.

Conclusions: Most general surgeons prefer the use of the Hasson open entry technique. The past decade has seen almost a quarter of general surgeons change their routine to visual access systems. The concerning factor is that approximately 45% of major vascular and bowel injuries have been reported with use of visual access systems. Primary access during laparoscopy requires ongoing evaluation due concerns over patient safety. Further study is required to determine which type of visual access technique poses the greatest risk.