

THE TIMES OF INDIA

City docs root for keyhole surgery

TIMES NEWS NETWORK

New Delhi: Laparoscopic or keyhole surgeries are fast replacing conventional surgical techniques for nearly all gynecological problems.

Not only is the technique being used to cure most diseases of the uterus, it has also started to become a vital tool for early detection, diagnosis, staging and treatment of cancer in women. Estimates state that by the end of this decade, over 80% of all surgeries would be performed by laparoscopy. According to experts, use of laparoscopy has increased by nearly 100% in

the last two years for most abdominal surgeries.

It is being used for myomectomy (fibroid removal), hysterectomy (uterus removal), ovarian cyst removal, correcting endometriosis, tubular recanalisation (joining the tube), polycystic ovary drilling and for tube pregnancy removal.

Gynaecologists say thanks to laparoscopy, it is now possible to remove all complicated types of uterus through small holes, ensuring that the patient recovers in less than 24 hours.

It is proving especially beneficial for working women who want minimal time off work.

Dr Malvika Sabharwal,

chief gynaecologist at Delhi's Jeewan Mala Hospital, said: "Laparoscopic surgeries are fast becoming the order of the day because they are patient-friendly. They are less painful. Recovery rate is very fast with women returning to a normal life in 24 hours time. The patient does not require much post-operative rest and no scars are left behind, thanks to a minimal incision. There are hardly any post-operative hernias and adhesions. With its help, we can both diagnose and quantify malignancy."

Dr Anuradha Kapoor, senior gynaecologist at Max Hospital, agreed with Dr Sabhar-

wal. "Demand for use of laparoscopy in gynecological problems has increased by at least 50%. It minimizes operative blood loss and post-operative pain. Post-operative recovery in such cases is faster besides being cosmetically a better option."

Generally, keyhole surgeries use an endoscope — a long, flexible tube with a camera and light attached. It is inserted into the body through a small incision. The image is sent to a screen that the surgeon watches during the operation. Conventional surgeries require a four-inch incision.

toireporter@timesgroup.com