



Dr John Dunn

Endoscopy Auckland &
Laparoscopy Auckland

Laparoscopy A to Z - Main Session (Workshop options scheduled)

Friday, 21 June 2013

Start 2:25pm

Duration: 25mins

Baytrust



Rotorua GP CME 2013
NZMA
New Zealand Medical Association

General Practice Conference & Medical Exhibition

20-23 June 2013 | Energy Events Centre | Rotorua

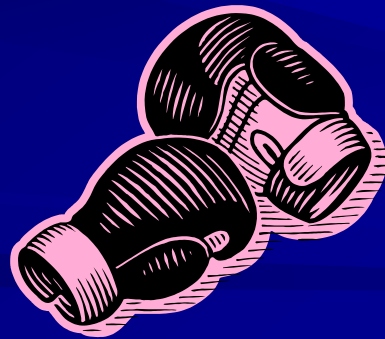
DISCLAIMER

No Conflict of Interest



EXCLAIMER

No Interest in Conflict



LAPAROSCOPY

How it changed surgery

John Dunn, FRACS

Laparoscopy Auckland



A to Z

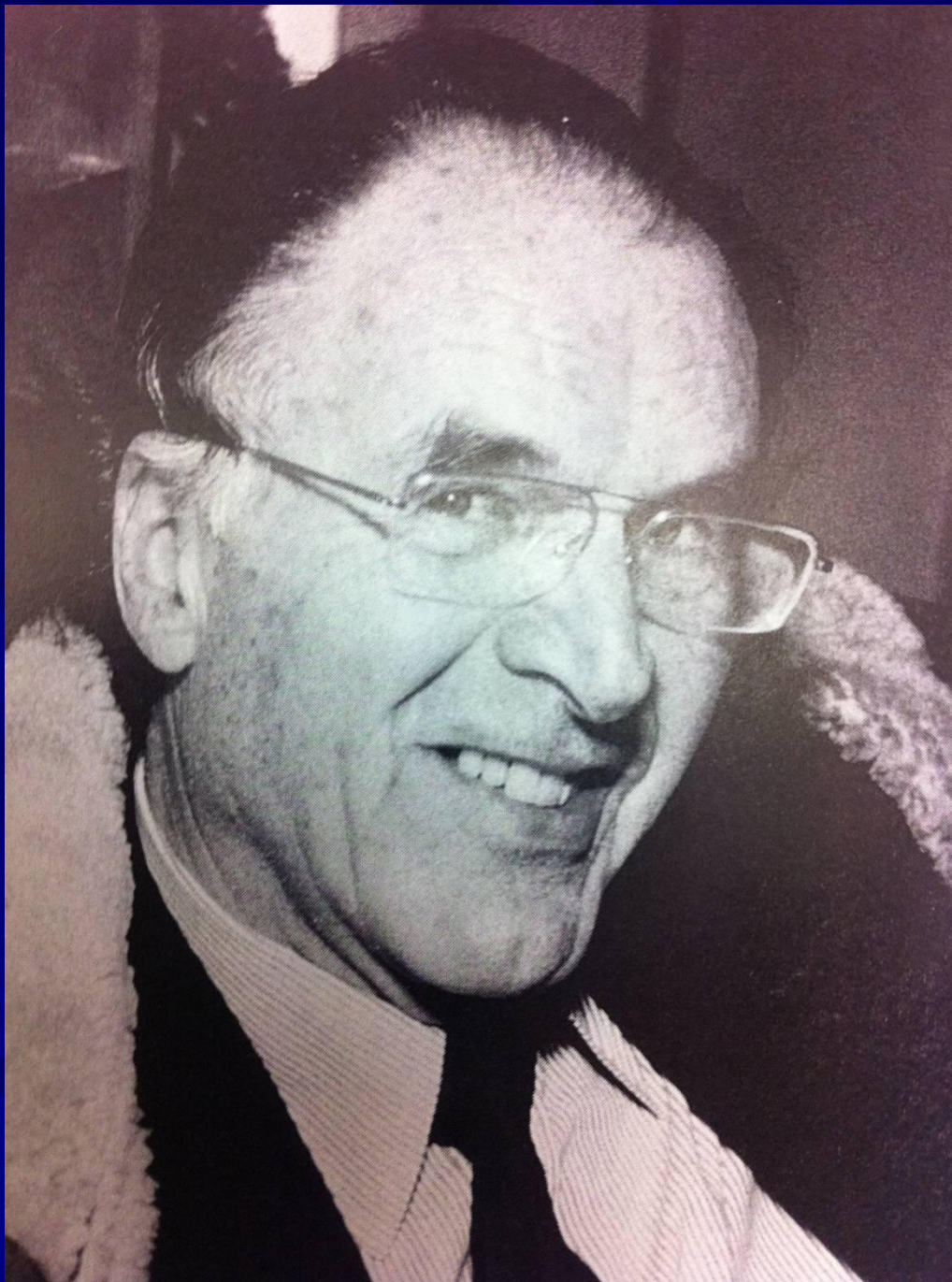
Amateur to Zealot



HISTORY

- World
- New Zealand







Coelioscopic Cholecystectomy

Preliminary Report of 36 Cases

F. DUBOIS, M.D., P. ICARD, M.D., G. BERTHELOT, M.D., and H. LEVARD, M.D.

NZ/Australia

At the forefront

- Germany
- France
- USA
- UK





PRINCIPLES

- insufflation
- small incisions
- laparoscope
- hands outside



- 1991 - chole
- 1993 - hernia
- fundoplication
- appendix
- adrenal
- sympathectomy
- spleen
- colon







- 20 years
- 16,000+ procedures











WDHB Pilot – 1 year

- 50,000 sent
- 30,000 returned
- 1,500 scopes
- 65 cancers (stage I & II)
- hundreds of polyps
- ? 50 – 100 lives saved

BEST RESULTS IN THE WORLD



WHAT'S UP DOC



EVOLUTION

- Private → Public
- RCTs?
- “largest uncontrolled experiment in the history of surgery”



PRESENT

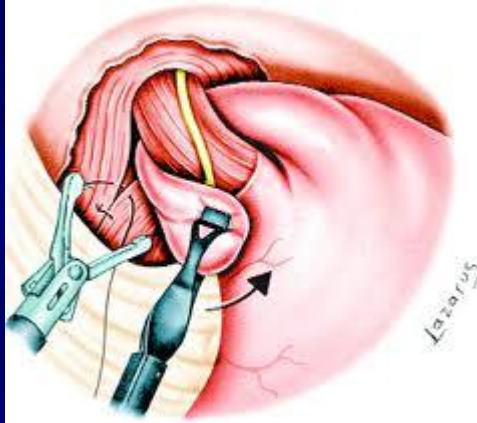
- GB/hernia/fundo
- Colorectal/GI
- HPB
- Urology
- Ortho
- Head & Neck
- Cardiothoracic
- (Endo)vascular
- Gynae
- Neuro

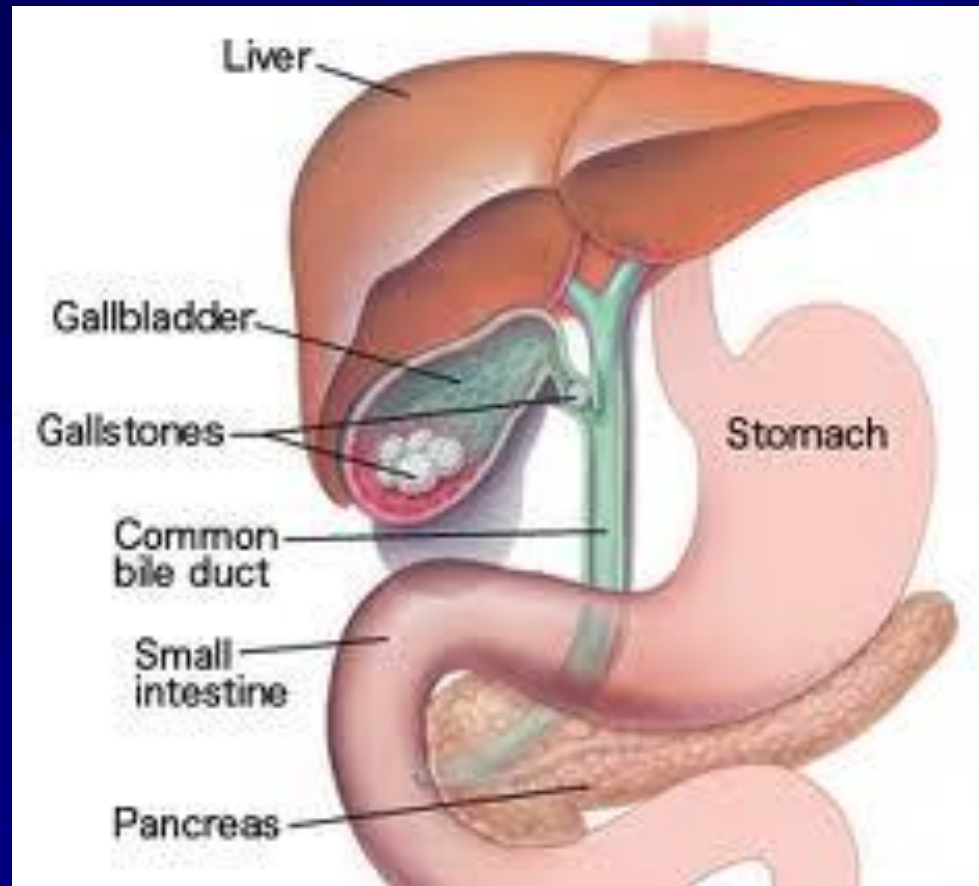


FEASIBLE vs ADVISABLE

- non-excisional
- small pathology
- bale-out options







WHAT'S CHANGED

- Same op – smaller holes
- New op



SAME OP

- cholecystectomy
- fundoplication
- bariatrics

acceptable → accessible



NEW OP

- hernia

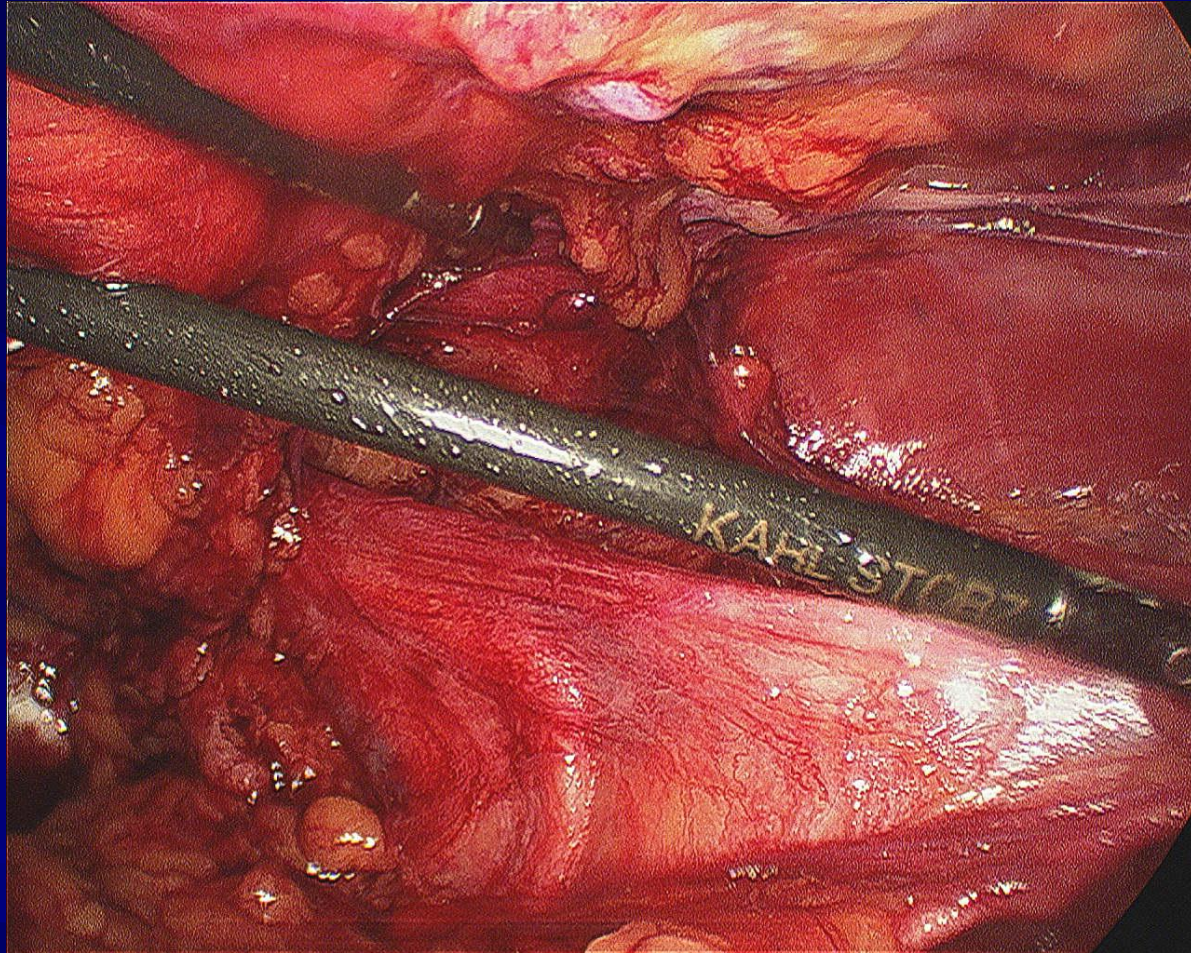
SO MUCH BETTER!

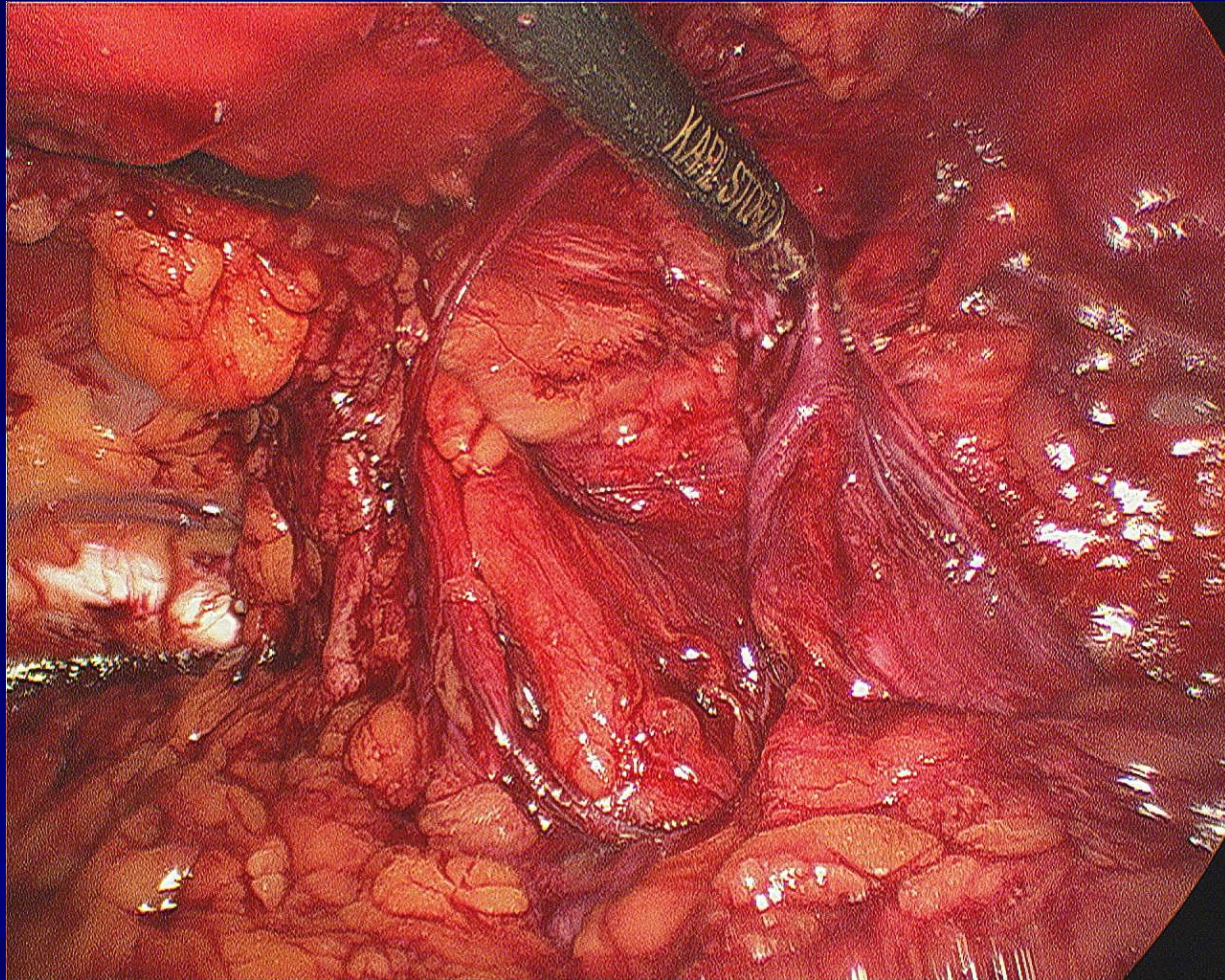


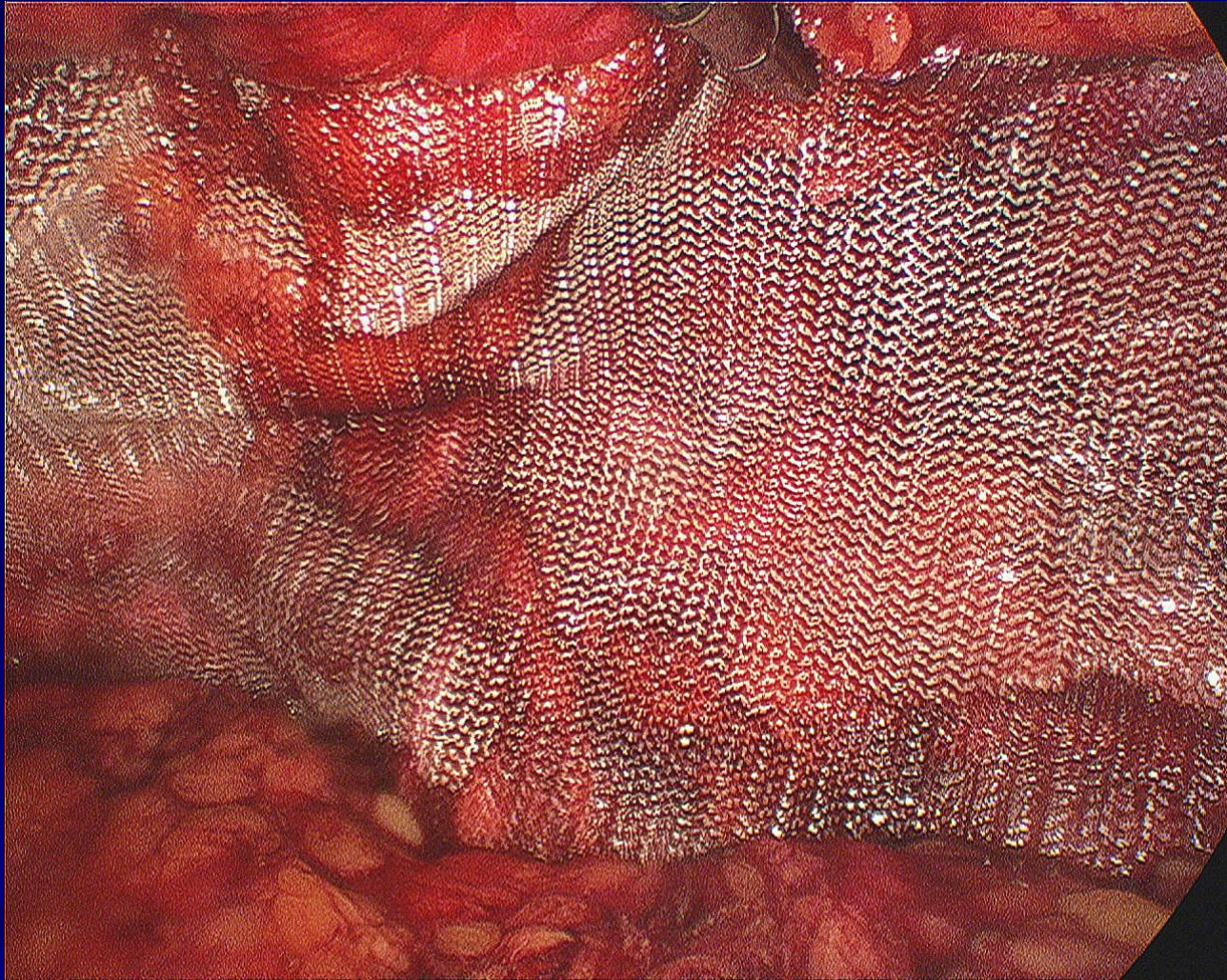
HERNIA

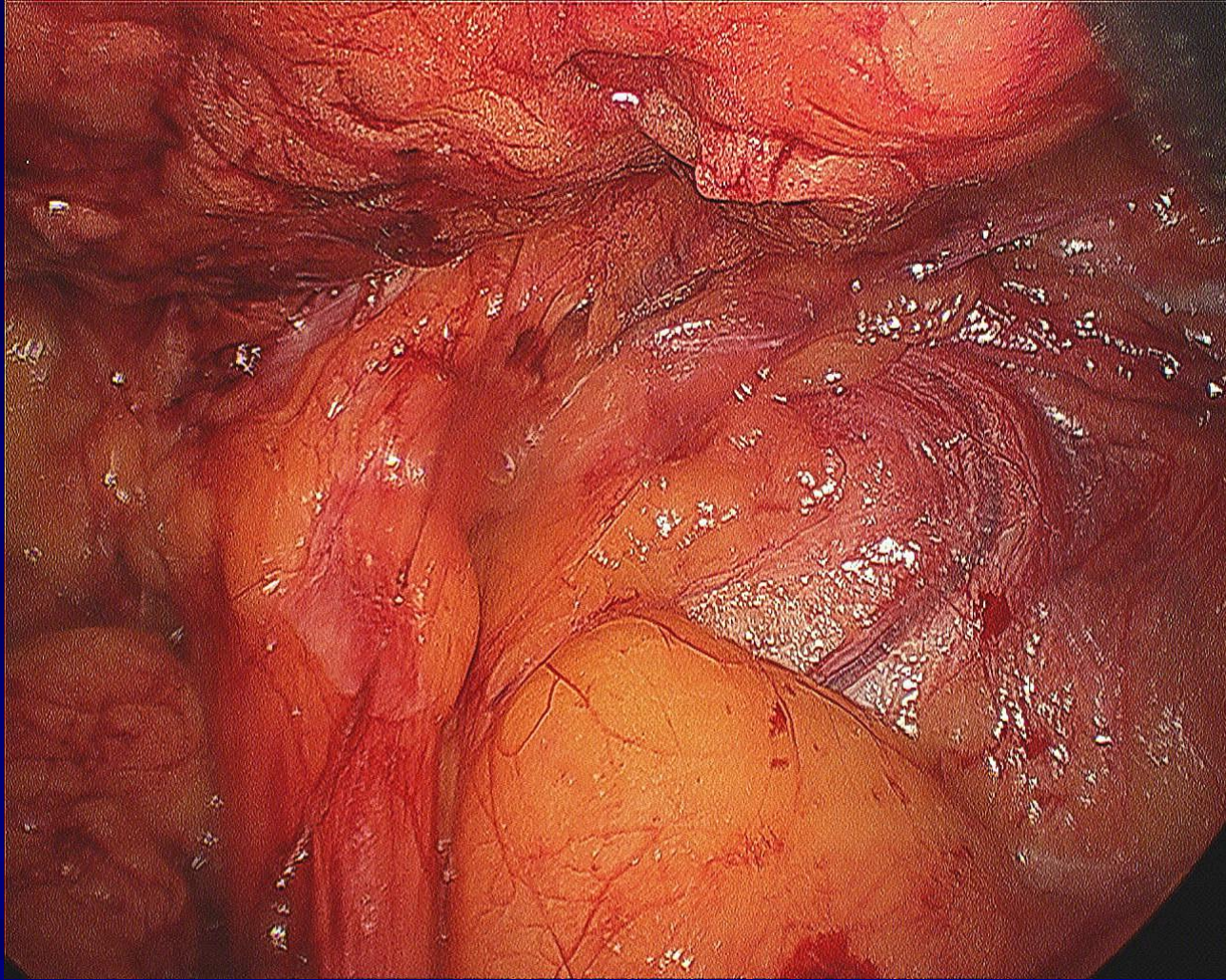
- Day stay
- 1 week return to work
- << 1% recurrence
- 0 entrapment

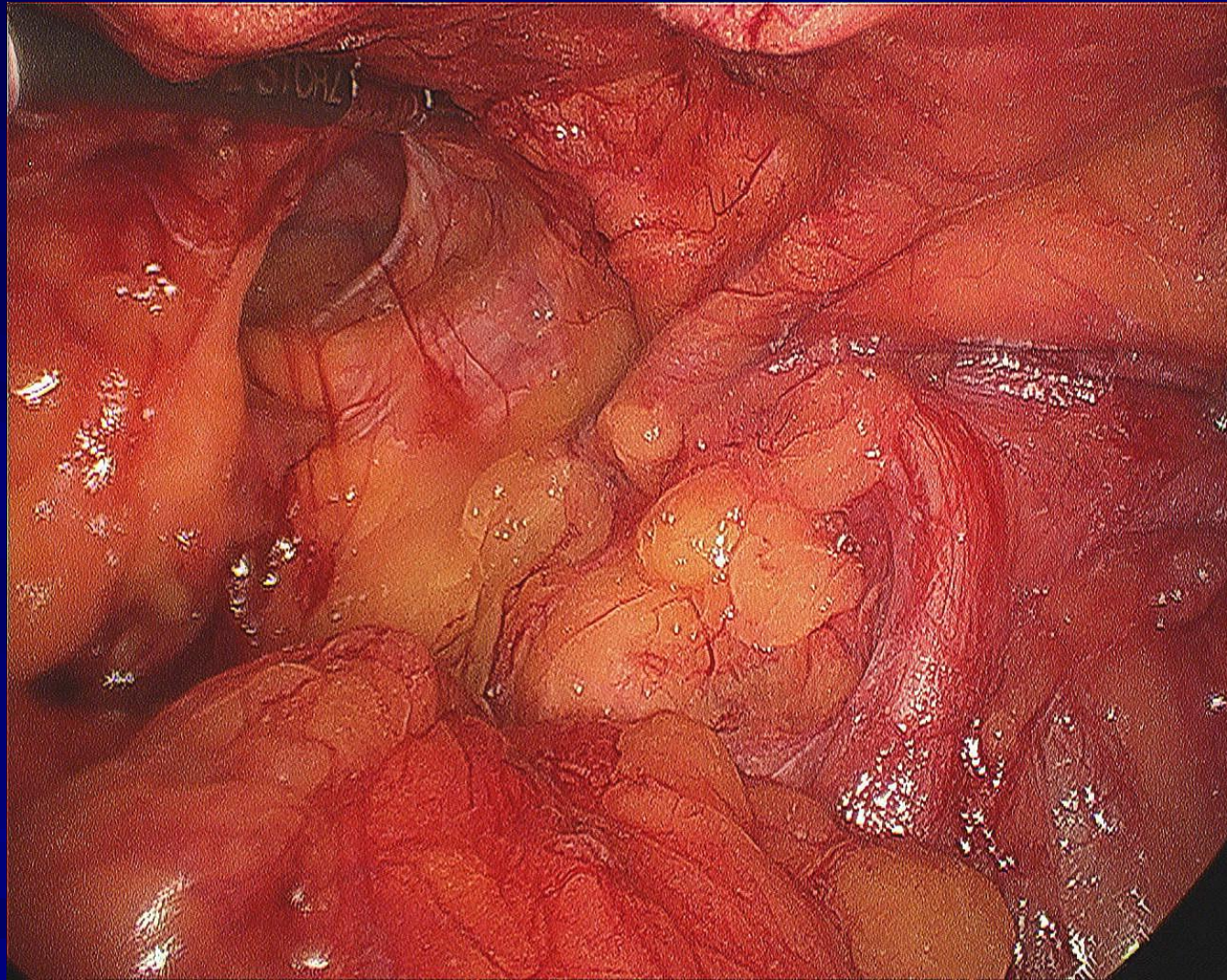












ADVANTAGES (1)

- small wounds
- less pain
- short stay
- short recovery
- early RTW





ADVANTAGES (2)

- cosmetic
- body image





ADVANTAGES (3)

- DVT
- Resp
- Cardio
- Wound infection
- Incisional hernia



ADVANTAGES (4)

Surgeon

- blood exposure
- shorter rounds
- ergonomics







ADVANTAGES (5)



COST

Hospital - OR time
- disposables

Society - massive savings



SAFE?

More - competent

Less - complications (cost)



ATTITUDES

Treat 'em and street 'em



GENERAL PRACTICE

- early discharge
- no sutures
- analgesia (NSAIDs)
- mobile
- work/driving



“FAST TRACK” SURGERY

- Don't starve
- Don't prep
- Don't drown
- Don't dope
- Don't violate
- Don't cage



INCISION

“Nobody died of a big incision”

“They heal side-to-side not end-to-end”

“Big mistakes through small holes”



HOSPITALS

- Same day admission
- “See & Treat”
- Small rooms
- Flows
- Ergonomics







FEMINOSCOPY?

“The eye of an eagle,
the heart of a lion,
the hand of a woman”



Med School	55%
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Surgery	27%
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(Orthopaedics	6%)
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GIMMICKS/STUNTS

- Most disposables





GIMMICKS/STUNTS

- Most robotics



GIMMICKS/STUNTS

- 3D



GIMMICKS/STUNTS

- SILS
- NOTES



SILS

Single Incision Laparoscopic Surgery





SILY

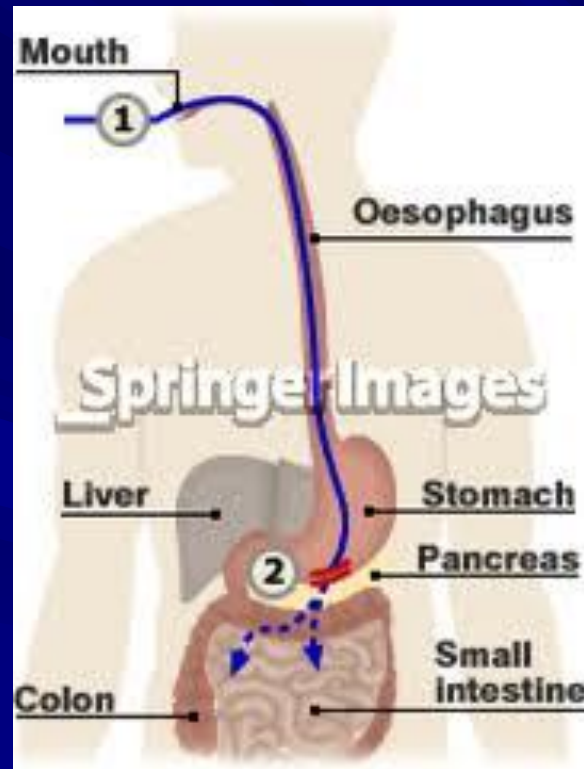
Single Incision Laparoscopic Yoga



NOTES

- Natural Orifice Transluminal Endoscopic Surgery





NOTES

- Not On This Endoscopy Service



DISADVANTAGES (1)

- Curve long AND steep
- Not for everyone
- Not for everywhere





DISADVANTAGES (2)

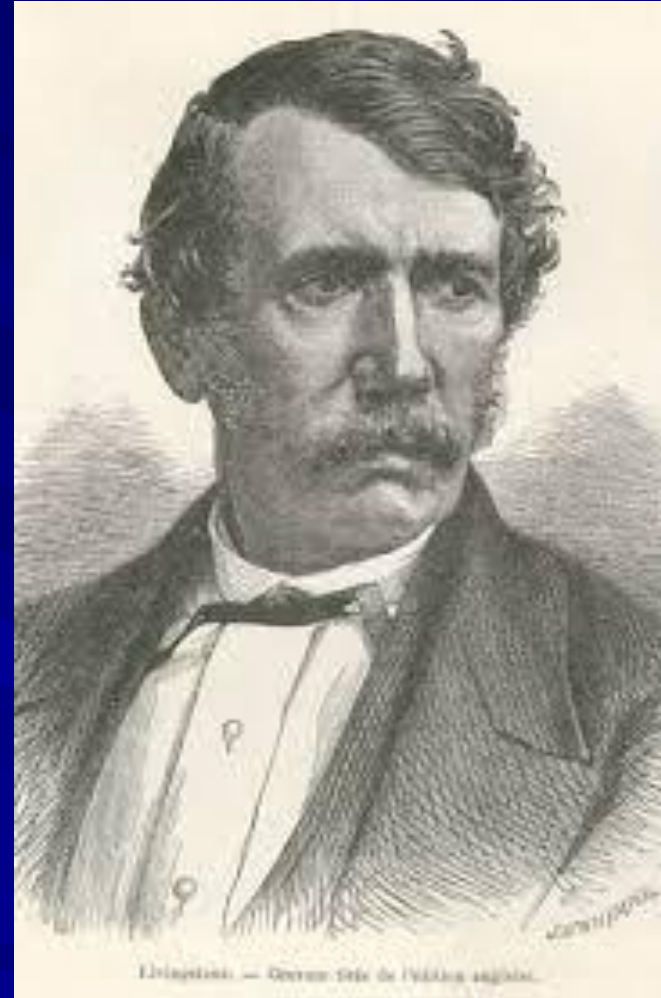
- 2D (no depth)
- image/organ disconnect
- not tactile
- fulcrum effect
- CO₂ – embolus/pain



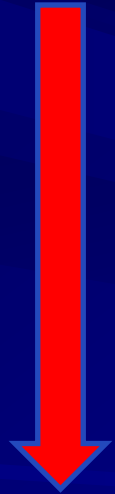
DISADVANTAGES (3)

- commercial pressures
- specialisation pressures
- down-skilling
- when/how to convert





BADNESS CASCADE



- short laparoscopy
- long laparoscopy
- short laparotomy
- long laparotomy
- long laparoscopy & long laparotomy



SUMMARY

“It was the
best of times.
It was the
worst of times.”



WORST

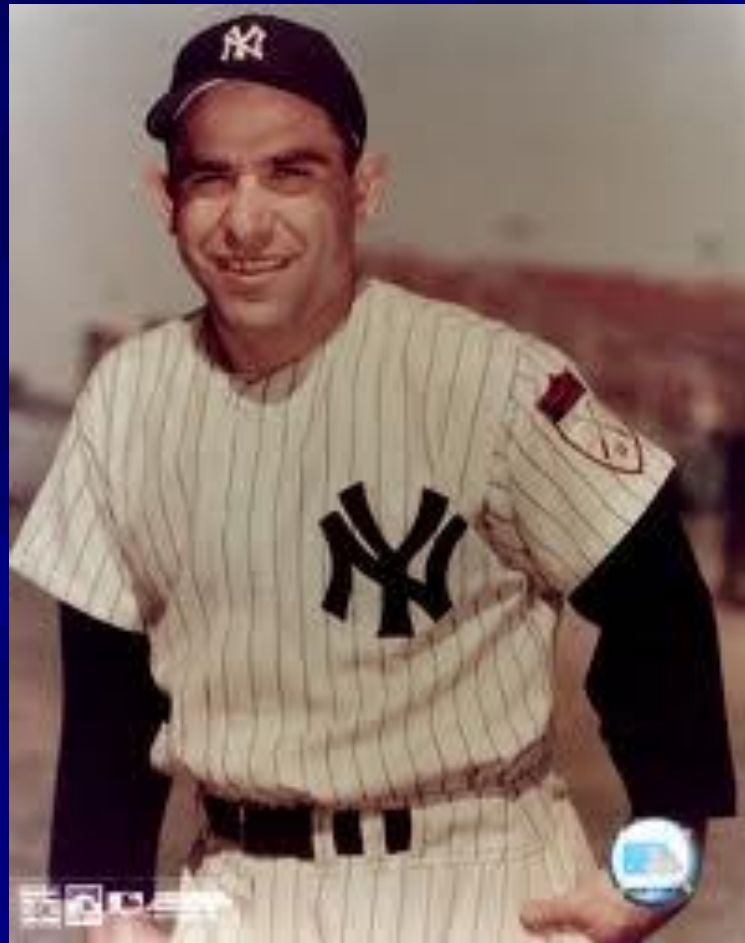
- Specialisation
- Complications ↑
- Commercialisation
- Rush



BEST

- Specialisation
- Complications ↓
- New look
- Efficient use of resources





“The future ain’t what
it used to be”

