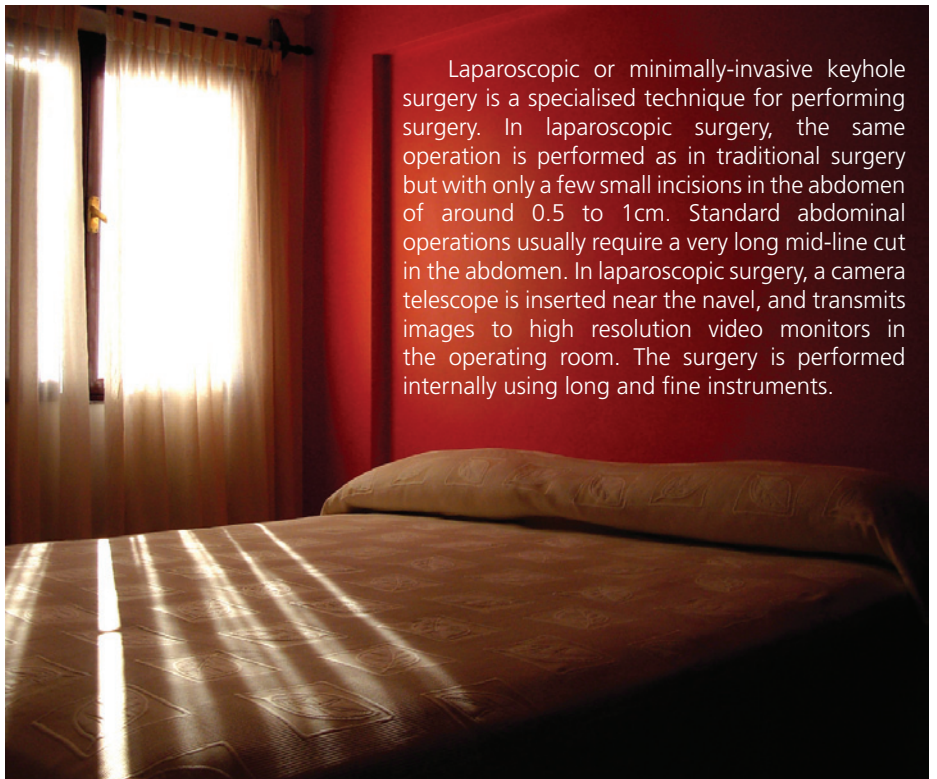




By Dr Quah Hak Mien

Patients should choose laparoscopic or minimally-invasive keyhole surgery because they often experience less pain, have a shorter hospital stay, have a shorter recovery time for returning to normal activities and there is less scarring. There is also a lower chance of wound infection with laparoscopic surgery. Most kinds of intestinal surgery can be performed using the laparoscopic approach.

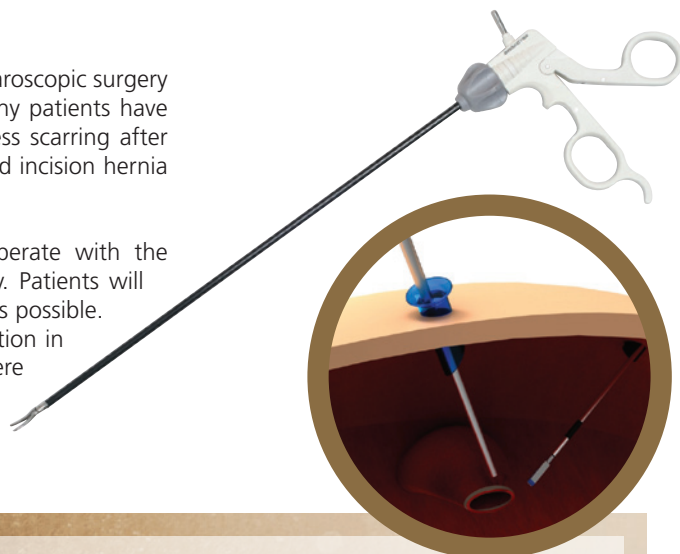


Laparoscopic or minimally-invasive keyhole surgery is a specialised technique for performing surgery. In laparoscopic surgery, the same operation is performed as in traditional surgery but with only a few small incisions in the abdomen of around 0.5 to 1cm. Standard abdominal operations usually require a very long mid-line cut in the abdomen. In laparoscopic surgery, a camera telescope is inserted near the navel, and transmits images to high resolution video monitors in the operating room. The surgery is performed internally using long and fine instruments.

Benefits of Laparoscopic Surgery

Laparoscopic surgery is as safe as traditional surgery. Patient who had laparoscopic surgery often experience a lot less pain and can shorten their hospital stay. Many patients have a shorter recovery period before resuming normal activities and have less scarring after laparoscopic surgery. There is also a lower chance of wound infection and incision hernia after laparoscopic surgery.

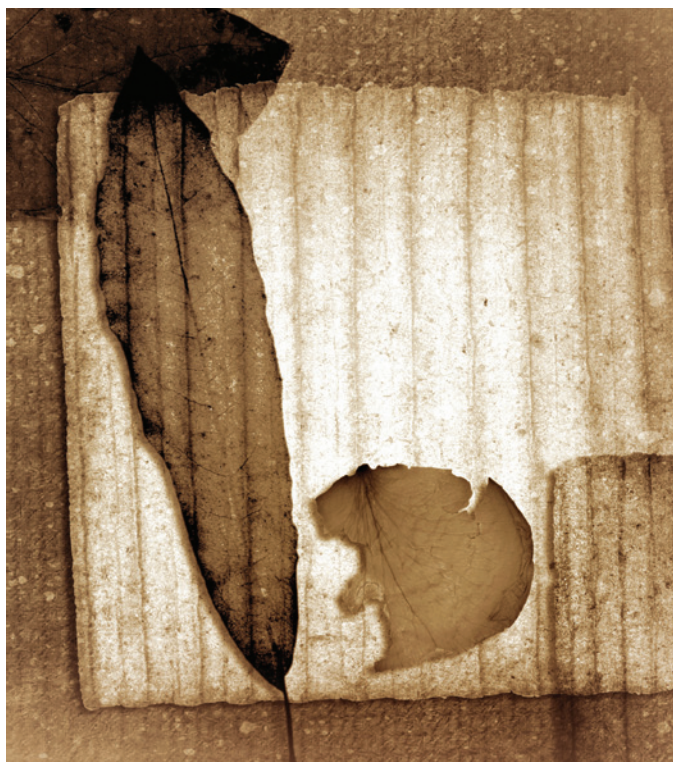
After the operation, I would usually encourage my patients to cooperate with the physiotherapist to do deep breathing exercises and chest physiotherapy. Patients will also be advised to do lower-limb exercises and to start walking as soon as possible. This physical therapy reduces the chance of chest infection, poor circulation in the legs and the development of blood clots. This is an important area where patients can actively participate and assist in their own recovery.



Who is suitable for Laparoscopic Surgery?

Most intestinal surgery may be performed using the laparoscopic approach, including surgery for appendicitis, gall bladder disease, hernia, inflammatory bowel disease and colorectal cancer. However, laparoscopic surgery is not suitable in colorectal cancer cases where the cancer is very advanced or has already invaded another adjacent organ. The surgeon will definitely need to review each patient's clinical situation on a case-by-case basis. Laparoscopic surgery also requires a higher level of surgical skill.

Laparoscopic instruments and technologies are advancing rapidly. Surgeons are also upgrading and improving their skills constantly; what was once not possible may become possible or routine in the future. Traditionally, surgeon's training is apprenticeship-based. We learn by assisting experienced surgeons on simple operations first, before moving on to advanced operations and laparoscopic surgery. A laparoscopic surgeon needs to be trained in the standard approach before attempting training in laparoscopic surgery. Nowadays, simulation training is available. There are computer simulators much like computer simulation training for aircraft pilots. This has greatly enhanced the laparoscopic and endoscopic skills of surgeons with absolutely no risk to actual patients during the training process.



Dr Quah Hak Mien is a specialist surgeon at Gleneagles Medical Centre. His clinical interest is in the treatment of colorectal diseases. His scope of work includes managing a wide range of conditions including colorectal cancer, diverticular disease, inflammatory bowel disease, perianal diseases like piles, anal fistula, and anal fissure. He also has clinical expertise in functional bowel disorders like irritable bowel syndrome, constipation and faecal incontinence.



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