EDITORIAL

OPERATIVE LAPAROSCOPY

Although laparoscopy has been practiced globally for over 100 years, the practice of operative laparoscopy (laparoscopic surgery) in its true sense has been in practice for only a few decades. The first laparoscopic cholecystectomy was performed in 1985 and started the operative laparoscopic revolution. Prior to this, however, the German gynaecologist Kurt Semm is credited with performing laparoscopic appendicectomy in 1981.

Laparoscopy has thrived with the improvement in technology. From the initial possibility of fibreoptics that made it possible to transfer images to a monitor and tree hands to operate, there have been refinements in image technology, and other accessories including robotics and telemedicine that have made the possibilities.

Developing countries have lagged behind in the practice of laparoscopy for various reasons, the prime one being cost. Acquiring the basic equipment for laparoscopic surgery is usually the first hurdle. The cost of maintenance of equipment in the face of inconstant and fluctuating power supply, and cost of consumables are also mitigating problems to deal with. Some centres in Ghana and other African countries are making a very modest effort at catching up by employing laparoscopic surgery and other endoscopic techniques. There are many advantages of laparoscopy (including shorter hospital stay and return to normalcy, less pain and better cosmetic outcome) and our patients should not be denied these advantages with the excuse that we are poor. Many of the rich in our countries travel abroad to have these operations anyway.

In this edition, surgeons from one of the leading hospitals in Ghana describe their modified laparoscopic approach to appendicectomy, the commonest general surgical emergency operation. This is commendable. To be relevant in a fast-changing world in which we lag so far behind, we have to not only be prepared to move with the times; we must be innovative and relevant, we must address our peculiar problems, as the authors have done by considering cost reduction and the problem of keloids in their method of laparoscopic appendicectomy.

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