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ANTALYA, TÜRKİYE

STAB INCISION VS CANNULA INSERTION FOR INSTRUMENT ACCESS IN PAEDIATRIC LAPAROSCOPIC SURGERY

INTRODUCTION

Paediatric surgery is progressing no less than other surgical specialties in minimal access surgery. 1 The advent of laparoscopy has revolutionized the surgical practice around the globe. 2 The safety, low morbidity, better cosmes is and less hospital stay are the prominent blessings of laparoscopy. 3,4 Ever since introduction laparoscopy has evolved from multiple ports to minimum and more sophisticated instruments. 5 Where the world has progressed to robotic surgery, laproscopic surgeons are also modifying laparoscopic access in various ways to attain optimal and acceptable surgical outcomes ensuring safety of patients. 6Use of cannulas for instrumentation has been a famous practice for the established advantage of safety and better ergonomics Recently surgeon shave shared their experience with access to the abdominal cavity with direct stab incision with out the use of canula in insufflated abdomen and have claimed a decrease in operative time and surgical complications. 7,8In our department we have been practicing laparoscopy both with can ulaand without canula since 2016.We felt the need to compare these two approaches for safety, operative time, complications and size of scar.

OBJECTIVES

TO COMPARE
- The efficacy
- Safety

Of standard ports' insertion and stab incision for instrument access
In terms of
Operative time

METHODOLOGY

Retrospective study
Feb 2022- Feb 2025

- **Place :** KTH Peshawar
- **Inclusion criteria :** Cases of unilateral hernia , Unilateral UDT, Pyloric Stenosis
  Below 1 year of age
- **Exclusion Criteria:** Inadequate record
- **No of patients :** 210
- **Variables :** Operative time, port/stab site gas leakage, bleeding Site infection
- **Ethical status :** IRB approved
- **Statistical analysis:** SPSS 25

CONCLUSION

- There is no difference in the risk of site infection in the techniques studied
- •Stab incision for instrumentation carries a significantly higher risk of bleeding, gas leakage and increases the operative time
- •The standard procedure of the use of ports insertion is technically and surgically more safe & consumes less operative time

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Table-1: Total Number of cases and their distribution

	Cannulation	Stab incision
Hernia repair	53 (37%)	24 (35%)
Orchidopexy	64 (45%)	33 (47%)
Pyloromyotomy	24 (17%)	12 (17%)
Total	141	69

Table-2: Mean Operative time in min

	Cannulation n=141	Stab incision n=69	P-value
Hernia repair	27.5	25	0.8
Orchidopexy	37.5	41.5	0.004*
Pyloromyotomy	27.5	35	0.0003*
Total	92.5	101.5	0.00007*

Gas leakage

	Cannulation n=141	Stab incision n=69	P-value
Hernia repair	3 (2.1%)	5 (7.2%)	
Orchidopexy	4 (3.3%)	8 (11.5%)	
Pyloromyotomy	0 (0%)	3 (4.3%)	
Total	7	16	0.0005*

Bleeding

	Cannulation n=141	Stab incision n=69	P-value
Hernia repair	1 (0.7%)	4 (5.7%)	
Orchidopexy	2 (1.4%)	6 (8.6%)	
Pyloromyotomy	2 (1.4%)	3 (4.3%)	
Total	5	13	0.0008*

Port site infection

	Cannulation n=141	Stab incision n=69	p-value
Hernia repair	2 (1.4%)	1 (1.1%)	
Orchidopexy	2 (1.4%)	2 (2.8%)	
Pyloromyotomy	1 (0.7%)	0 (0%)	
Total	5	3	0.78

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