



8th WORLD CONGRESS
of PEDIATRIC SURGERY

WOFAPS

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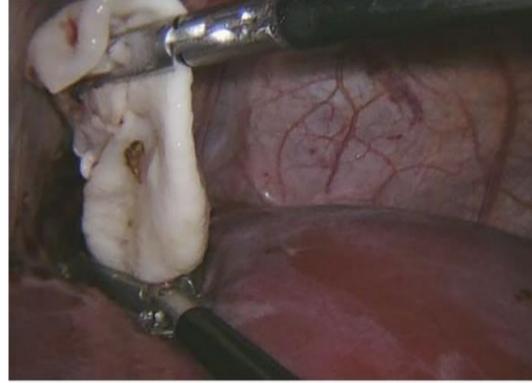
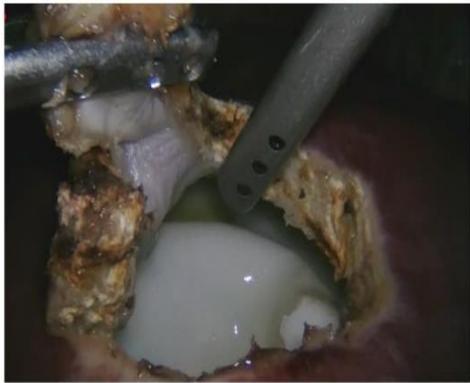
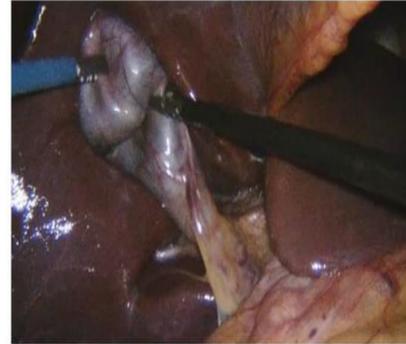


MINIMALLY INVASIVE ELECTIVE SURGERY IN PEDIATRICS

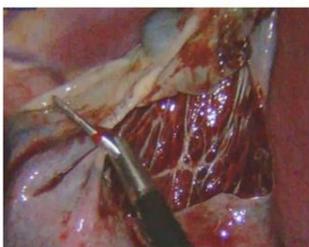
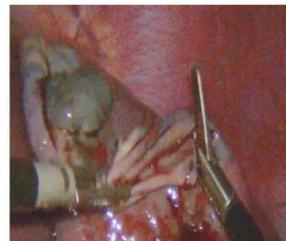
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Purpose: To evaluate the effectiveness and safety of laparoscopic procedures in elective pediatric abdominal surgery.

Methods: A retrospective analysis was conducted of all pediatric patients who underwent laparoscopic surgery between 2017 and 2024.



Results: A total of 334 laparoscopic procedures were analyzed. The types of interventions included: Ovarian cyst removal — 12 cases (3.6%) Splenic cyst removal — 2 cases (0.6%) Greater omental cyst removal — 2 cases (0.6%) Adrenal tumor excision — 1 case (0.3%) Laparoscopic liver echinococcectomy — 71 cases (21.3%), the most frequent procedure Pancreatic hematoma drainage — 1 case (0.3%) Laparoscopic inguinal hernia repair (ignopuncture herniorrhaphy) — 227 cases (67.9%) Liver cyst excision — 5 cases (1.5%) Laparoscopic-assisted transanal resection of the rectosigmoid colon with coloanal anastomosis — 7 cases (2.1%) Laparoscopic sleeve gastrectomy — 3 cases (0.9%) TAPP (transabdominal preperitoneal) inguinal hernia repair — 3 cases (0.9%).



Conclusion: The analysis revealed no major complications following laparoscopic interventions, confirming the safety and efficacy of minimally invasive techniques in pediatric abdominal surgery. The outcomes reflect a high level of surgical expertise and quality of care. Recovery time after laparoscopic procedures in children depends on various factors, including the type of surgery, the patient's condition, and the presence of comorbidities.

