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Editorial

Guidelines for emergency laparoscopy

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Abstract

Acute abdominal pain is a leading symptom in many surgical emergency patients. Laparoscopy allows for accurate diagnosis and immediate therapy of many intraabdominal pathologies. The guidelines of the EAES (European Association for Endoscopic Surgery) provides scientifically founded recommendations about the role of laparoscopy in the different situations. Generally, laparoscopy is well suited for the therapy of the majority of diseases that cause acute abdominal pain.

Editorial

Emergency laparoscopy is widely used to identify the causative pathology of acute abdominal pain, often followed by laparoscopic treatment of the detected abdominal disorder. In the sequence of a series of a previous consensus development conferences, performed by our group under the mandate of the European Association for Endoscopic Surgery (EAES) since 1993 the most recent one (in 2005) aimed to develop guidelines to define, which subgroups of patients should undergo laparoscopic instead of open surgery for acute abdominal pain [1].

Emergency laparoscopy competes with the initial usage of other diagnostic procedures and imaging and additionally carries the risk of procedure-related complications especially in emergency situations, delay to define open surgical treatment and missing diagnosis. On the other hand laparoscopy offers a superior overview of the abdominal cavity with minimal trauma, always convertible to open surgery.

Clinical practice guidelines recommendations should be based on good scientific evidence from controlled clinical trials. The guidelines on laparoscopy for abdominal emergencies include the available evidence in this heterogeneous field. The responsible group of experts from different disciplines followed a transparent protocol with using a nominal group process for reaching consensus. They stated that all recommendations given are valid only for surgeons or surgical teams with sufficient expertise in laparoscopic surgery. Sufficient expertise however, is not defined although it is the most crucial factor to be taken into account.

Grade A recommendations (highest grade) for performing emergency laparoscopy and treatment are given for patients with a presumable diagnosis of perforated peptic ulcer, acute cholecystitis with the recommendation to carry out surgery as early as possible (< 48 hrs), acute appendicitis with treatment only if diagnosis is confirmed, but also in perforated cases and in a variety of suspected gynaecological disorders. Although highly recommended we should be aware of the fact, that in most of the studies in which hospital stay and convalescence were utilised as endpoints may merely reflect traditions of postoperative care and patient expectations associated with open procedures rather than differences between open and laparoscopic surgical techniques. Pur-