RECOMMENDATIONS

1- The small number of patients included in the present study was a true limitation. More comparative studies between cauterization and clipping of cystic artery including larger number of patients are important and recommended.

2- Surgeon must acquaint himself with the varied arterial patterns of cystic artery and attempt to identify them as this will reduce incidence of biliay injury during laparoscopic cholecystectomy.

3- Principles of electrosurgery must be thoroughly understood by all operating room personnel. This forms the basis for patient safety and helps in early recognition of possible complications.

4- During control of cystic artery, cautery should be applied with caution very close the gallbladder wall, preferably lateral to the lymph node.

5- Use of cautery should be avoided after clips have been applied to the cystic duct .

6- The metal tip of an instrument should be in complete view when cautery is used to avoid inadvertent thermal damage to a structure not in view.

7- Individual surgeons, hospital departments, regional and national groups should collect and publish data to facilitate progressive enhancement of the safety and efficiency and hence appropriateness of laparoscopic monopolar surgery.

8- Active electrode monitoring should be strongly considered for all laparoscopic monopolar electrosurgical procedures.

9- Ensure adequate skeletonization of cystic artery before application of monopolar cautery.

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الملخص العربى

ان استئصال المرارة بواسطة منظار البطن الجراحى هو العلاج الذهبى القياسى لحالات حصوات الحويصلة المرارية مع توافر العديد من الطرق فى الوقت الحالى من اجل التحكم فى كلا من القناة المرارية و الشريان الكيسى (الشريان المرارى) .

الهدف من هذة الدراسة هو مقارنة الكى الحرارى الاحادى القطب مقابل التدبيس للشريان المرارى(الكيسى) اثناء عملية استئصال المرارة بواسطة منظار البطن الجراحى فيما يتعلق بالسلامة و الفاعلية و الوقت الكلى للعملية الجراحية .

شملت الدراسة الحالية خمسين مريضا تم تقسيمهم عشوائيا الى مجموعتين وفقا للطريقة المستخدمة فى التحكم بالشريان المرارى (الكيسى).

المجموعة الاولى اشتملت على خمسة و عشرين مريضا حيث تم التحكم بالشريان المرارى (الكيسى) بواسطة الكى الحرارى الاحادى القطب

المجموعة الثانية اشتملت على خمسة و عشرين مريضا حيث تم التحكم بالشريان المرارى (الكيسى) بواسطة التدبيس (الكلبسات).

لم يكن هناك فروق ذات دلالة احصائية بين المجموعتين فيما يتعلق بالسن او الجنس او الامراض المشتركة.

ايضا لم يكن هناك علاقة ذات دلالة احصائية بين المجموعتين من حيث تاريخ حدوث التهاب حاد او حدوث مغص مرارى متكرر او وجود التهاب فى مثلث كالوت.

وقد تم التحكم بالشريان المرارى(الكيسى) بكفاءة فى ١٠٠% من الحالات سواء كان الشريان صغير ، متوسط او كبير الحجم علما بانه قد تم الكى الحرارى على الناحية الوحشية للعقدة الليمفاوية لوند

هذا و قد تبين وجود علاقة ذات دلالة احصائية بين الكى الحرارى للشريان الكيسى و تطبيق الكى الحرارى على الناحية الوحشية للغدة الليمفاوية لوند .

كانت مدة الكى الحرارى اقصر بكثير فى المجموعة الاولى (٢٠-٥٥ ثانية) مما كانت عليه فى المجموعة الثانية (٤٠-٦٠ ثانية) مع تبين وجودعلاقة ذات دلالة احصائية بين طريقة التحكم و مدته.

اما فيما يتعلق بالوقت الكلى للعملية الجراحية فقد كان اطول فى مجموعة الكى الحرارى (٣٥-٧٥ دقيقة) عن مجموعة التدبيس (٣٠- ٦٠ دقيقة) و لم تتواجد اى علاقة ذات دلالة احصائية بين الوقت الكلى للعملية الجراحية و طريقة التحكم فى الشريان الكيسى (المرارى) .

لم يحدث نزيف اثناء العملية الجراحية فى الدراسة الحالية و تم استكمال جميع الحالات بواسطة منظار البطن الجراحى دون الحاجة لتحويل اى منها .

كذلك لم تحدث اى مضاعفات بعد العملية الجراحية اثناء فترة المتابعة فى صورة حرارة او وجود تجمع بالبطن او اصابة بالامعاء او حدوث صفراء .

نستنتج من هذه الدراسة ان الكى الحرارى الاحادى القطب هو وسيلة امنة وذات كفاءة للتحكم بالشريان الكيسى (المرارى) اثناء عملية استئصال المرارة بواسطة منظار البطن الجراحى حيث لم يحدث اى نزيف اثناء او بعد العملية الجراحية كما لم يتبن حدوث اى اصابة بالقنوات المرارية .

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قسم الجراحة

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رسالة مقدمة

لقسم الجراحة ـ كلية الطب ـ جامعة الإسكندرية
ضمن متطلبات درجة

الماجستير

فى

الجراحة

مـــن

ماريان رومانى عبد المسيح
بكالوريوس الطب والجراحة ، ٢٠٠٨
كلية الطب، جامعة الإسكندرية

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رسالة مقدمة من

ماريان رومانى عبد المسيح

للحصول على درجة

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فى

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لجنة الإشراف **موافقون**

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قسم الجراحة
كلية الطب
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أ.د/ خالد محمد قطرى .....

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