



# Laparoscopic Adhesiolysis for Small Bowel Obstruction: Effective Alternatives or Immoderate Challenge?

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Laparoscopic lysis for intraperitoneal adhesion should be performed only in selective patients with small bowel obstruction by experienced surgeons. Current evidence is insufficient to postulate that laparoscopic surgery is safe and effective alternative treatment option for small bowel obstruction.

**Keywords:** Laparoscopy, Small intestine, Intestinal obstruction, Tissue adhesions

Received April 20, 2020

Revised May 13, 2020

Accepted May 21, 2020

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In the early days of laparoscopic surgery, previous history of abdominal surgery had been considered to be one of absolute contraindications for laparoscopic surgery.<sup>1</sup> With increasing the experiences of laparoscopic surgery, its indication has been gradually expanded. Several authors reported safety and feasibility of laparoscopic surgery in the presence of intraperitoneal adhesion caused by previous abdominal surgery.<sup>2,3</sup> Furthermore, even the dissection of intraperitoneal adhesion has been performed with laparoscopic techniques.<sup>4,5</sup>

However, laparoscopic procedure has inherently potential risks of organ injury due to limited tactile sensation/feedback and confusing spatial orientation. Therefore, laparoscopic adhesiolysis should be performed in highly selective cases by experienced surgeons. According to the location and degree of intraperitoneal adhesion, proper laparoscopic instruments should be chosen and sufficient traction and operative field

should be secured. Even if laparoscopic approach is initially attempted, the surgeon should be able to determine conversion to open surgery when surgical safety is not guaranteed. In order to enhance the ability of each surgeons, systemic and effective education curriculum for minimally invasive surgery is needed.

The authors tried to compare short-term clinical outcomes between laparoscopic and open adhesiolysis in the patients with small bowel obstruction. In this study, laparoscopic adhesiolysis had less blood loss and earlier functional recovery, as consistent with general benefits of laparoscopic surgery. Additionally, this study showed that laparoscopic adhesiolysis had lower rates of readmission and reoperation. However, this results was not enough to confirmatively determine the superiority of laparoscopic procedures for intraperitoneal adhesion. As the authors mentioned in the limitation of this study, there

might be selection bias that the degree of intraoperative adhesion was less severe in the laparoscopic surgery group, compared with the open surgery group. Therefore, well-designed, prospective study should be conducted to verify and confirm this finding in the near future.

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## CONFLICT OF INTEREST

None.

## FUNDING

None.

## ACKNOWLEDGMENTS

None.

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