Editorial

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Editorial on Development of the Appendectomy

Joshi Madhuran G*

Department of Biotechnology, Osmania University, Telangana, India

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***Corresponding author:**
Joshi Madhuran G

joshimadhuran.g@gmail.com

Department of Biotechnology, Osmania University, Telangana, India.

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Foundation with its initial explanation by Fitz in the 19th century, acute appendicitis has been a important long-standing medical test; today it remains the maximum common gastrointestinal emergency in adults. Previously in 1894, McBurney advocated for the surgical elimination of the inflamed appendix and is recognised with the initial description of an Open Appendectomy (OA). With the summary of slightly invasive surgery, this classic method evolved into a process with multiple, smaller incisions; a method called Laparoscopic Appendectomy (LA). There is much literature defining the benefits of this newer method.

To name a few, patients have considerably less wound infections, reduced pain, and a reduction in ileus associated with the OA. In the past few years, Single Incision Laparoscopic Appendectomy (SILA) has increased popularity as the next foremost evolutionary growth in the removal of the appendix. Defined as a pioneer in the era of "scarless surgery," it includes only one transumbilical incision. Patients are proposed to have condensed post-operative problems such as infection, hernias, and hematomas, as well as a quicker recovery time and less post-operative pain scores, in evaluation to its predecessors.

Open Appendectomy: McBurney is recognized with combining the surgical technique of the open appendectomy (OA) in 1894, a method that has not significantly changed in the last 120 years. Briefly, this conventional approach involves making an approximately 5 cm incision at the lateral border of the right rectus muscle at the midpoint between the umbilicus and right anterior-superior iliac spine. Electrocautery and blunt dissection are used to separate the fascia and muscle layers, and the peritoneum is opened. The cecum then can be visualized and mobilized to reveal the appendix. The appendix and cecum are then brought out of the peritoneal cavity, the mesoappendix is ligated, and the appendiceal base is divided to leave a stump.

Laparoscopic Appendectomy: The laparoscopic method generally includes placing three ports—a 10 mm camera port at the umbilicus and 5 mm ports in the right iliac fossa and the right hypochondriac quadrant. The cecum and appendix are imagined using the camera and influenced using a Babcock clamp, the mesoappendix is divided with an endoscopic stapler or harmonic scalpel, and the base of the appendix is ligated with either an endoscopic stapler or Endoloop. The appendix is then brought out of the peritoneal cavity using an Endobag.

Single Incision Laparoscopic Appendectomy: In 1992, Pelosi first defined a single-puncture laparoscopic appendectomy in 25 patients. Though, it was not up until the last few years that this new minimally invasive method called the single incision laparoscopic appendectomy (SILA) really caught on. It has been suggested as the next major innovation in the appendectomy evolution.

The surgical technique for SILA is not yet standardized, with great institutional practical variant. Briefly, SILA involves a 2-3 cm incision frequently transumbilically, but can also be made at McBurneys point, and inserting the laparoscope and surgical laparoscopic instruments via a 10 mm and multiple 5 mm ports. In calculation, a needlescopic instrument can be located percutaneously in the right iliac fossa for assistance in supporting the appendix. Either firm conventional laparoscopic instruments can be used or special flexible instruments. The mesoappendix is then divided with the appendiceal artery closed and the base of the appendix ligated with an Endloop. The appendix is then detached through the 10 mm port.