

I am glad to present in front of our learned members the current Volume of World Journal of Laparoscopic Surgery.

Laparoscopic cholecystectomy is now the most frequently performed minimal access surgery by the general surgeon, but it has introduced a new spectrum of complications. Major biliary and vascular complications are life-threatening, while minor complications cause patient discomfort and prolongation of the hospital stay.

It is important to recognize intraoperative complications during the laparoscopic cholecystectomy surgery so they are taken care of in a timely manner during the surgical intervention. In this issue, we have an excellent article on cholecystectomy. One is regarding Nonbiliary Complications of Laparoscopic Cholecystectomy, and another is reporting Frequency, Complications, and Predictive Factors for Performing Subtotal Laparoscopic Cholecystectomy.

Subtotal laparoscopic cholecystectomy has potential advantages of shorter hospital stay, no wound infections, no biliary injury, and avoids conversion to open cholecystectomy. It is a useful and safe strategy in patients with an obscure Calot's anatomy during laparoscopic cholecystectomy. Another good case report in this issue is regarding the Danger of Laparoscopic Umbilical Port in Portal Hypertensive Cirrhotic Patient.

For our Gynaecologist readers, we have a helpful case report on Secondary Abdominal Pregnancy. Secondary abdominal pregnancy is a condition where the embryo or fetus continues to grow in the abdominal cavity after its expulsion from the fallopian tube or another seat of its initial development.

The safety and effectiveness of minimally invasive esophagectomy in comparison with the open esophagectomy, remain uncertain in esophageal cancer treatment. Total laparoscopic esophagectomy is a better choice for oesophageal cancer because patients undergoing this technique get benefit from reduced blood loss, fewer respiratory complications, and also improved overall survival conditions. To describe these advantages in this issue, we have an original article on this issue with an experience of 93 patients on Totally Laparoscopic vs. Open Transhiatal Esophagectomy.

I hope you will like this issue, and as usual, your comments and feedback are appreciated.



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