

Editorial

Laparoscopic Surgery by Single Incision: Future of Minimal Access Surgery

Single incision laparoscopic surgery (SILS) is a new technique through which laparoscopic surgery takes place through a single umbilical incision without the need for additional laparoscopic ports. This new method has been used for a variety of laparoscopic operations, including tubal ligation, hysterectomy, appendectomy, cholecystectomy, sleeve gastrectomy, colectomy and nephrectomy. The single incision, technique has the possible advantages of reduced postoperative pain, faster return to normal function, reduced port site complications and improved cosmesis and patient satisfaction.

The rapid uptake of minimally invasive techniques has affected many areas of surgery, including gynecology, pediatric surgery and urology. The use of SILS has the potential of further reducing postoperative port site complications as well as improving cosmesis and patient satisfaction. SILS is accepted in selected cases of surgery and gynecology. SILS is recommended for uncomplicated cases because of the compromise of ergonomics. Laparoscopic surgery by single incision has been widely adopted in many countries, including Korea, China, Italy, India and the United States. Although, the number of laparoscopic procedures by SILS represents only a tiny fraction of the total for laparoscopy but its acceptance is more than NOTES.

In this issue of WJOLS, we have published many articles of SILS. At our institution, we operated 60 cases by SILS from 2008 to 2010. We have been generally satisfied with the results of SILS at our institute, but conversion rate was definitely high. Single incision laparoscopic surgery has been the subject of recent consensus meetings in the United States and Europe.

Only half a decade has passed since the introduction of SILS, and the concept of this surgery is of even shorter duration. It is too early to reach any definitive conclusions. The etiology, biology, and optimum use of SILS remain largely unknown, and patients should be treated in a minimally invasive and appropriately careful manner.

Initial fears regarding the possibility of increased rates of postoperative complications seem to have been dispelled with improved instrumentation, technique and growing experience both from the surgeon and the ancillary staff.



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