

# Editorial

The widespread introduction of laparoscopic techniques in general and gynecological surgery during the last decade of the 20th century was one of the most prominent changes in modern surgical practice. Many open surgical procedures, such as cholecystectomy, inguinal hernia repair and esophageal reflux surgery, have been reduced to minimally invasive interventions. This has a great benefit for the patient in a shorter postoperative stay in hospital, less pain, a better cosmetic result and a faster return to normal activity.



Despite a growth in the range of laparoscopic procedures, surgeons and gynecologist remain hampered by the limitations imposed by remote operating. The recent introduction of computer-aided instruments, such as da Vinci robotic surgery systems, has the potential to revolutionize endoscopic surgery by allowing surgeons to use their traditional open surgery skills for laparoscopic operations.

During minimal access, the problem of working with long instruments through fixed entry points and looking at a screen greatly reduces this feedback. The hand-eye coordination is further reduced by the loss of the eye-hands-target axis, compromising normal oculovestibular input. Basic surgical maneuvers like suturing, therefore, demand highly developed technical skills that the surgeon needs to learn.

Looking at a two-dimensional screen, surgeons are handicapped by the loss of the visual perception of depth and, additionally, by the need for a human assistant to hold and move the camera. World Journal of Laparoscopic Surgery is now giving due attention to keep surgeon aware of these ergonomic problem and now article related to a Vinci Robotic Surgery, SILS, NOTES, TEM and MALS are included in WJLS.

I hope the readers will like these new advancements and they will give their valuable feedback.

**RK Mishra**  
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