



## ADVANTAGES OF ENDOSCOPIC SURGERY

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### ABSTRACT

*This article discusses the advantages of endoscopic surgery, also known as closed surgery, the possibilities of upper endoscopy, rare complications after endoscopic surgery, and special instructions for preparing for endoscopy.*

Endoscopic surgery, also known as closed surgery, involves examining the organs inside the abdomen without any incisions or small incisions in the human body.

There are several advantages of endoscopic surgery compared to open surgery. Due to the fact that the tissues are not damaged and there are no sutures, the patient can go home immediately and his pain will be much less. Another advantage of endoscopic surgery is that it requires professionalism.

Compared to open surgery, endoscopic surgery has many advantages:

**Less invasive:** Endoscopic surgery can only be performed on natural or artificial openings inside the body without cutting the skin. This leads to less damage to the body, and also reduces postoperative pain and healing time.

**Quick recovery:** Endoscopic surgery allows patients to recover faster than open surgery. Patients can quickly return to their normal lives without the long periods of rest and recovery that surgery requires.

**Shorter hospital stay:** The hospital stay for endoscopic surgery is usually shorter than for open surgery. Patients can go home the same day as surgery, instead of being hospitalized for several days.

**High safety:** Due to the small trauma, the risk of endoscopic surgery is also small. Its safety is higher than open surgery.

**Inexpensive:** Endoscopic surgery is usually less expensive than open surgery. This is due to the shorter operating time, shorter hospital stay, and the lower cost of the instruments used in endoscopic surgery.

Of course, endoscopic surgery is not suitable for all medical conditions. In some cases, open surgery may be necessary. Depending on the specific condition of the patient, the doctor decides whether to use endoscopic or open surgery.



### **Endoscopic surgical procedure**

Endoscopy (also called gastroscopy) is a medical procedure that allows a doctor to look inside the body without major surgery. An endoscope (fibroscope) is a long flexible tube with a lens at one end and a video camera at the other. The tip with the lens is inserted into the patient.

The procedure may be uncomfortable, but should not be painful. The procedure is carried out in the form of intravenous sedation or other anesthesia. Endoscopy is a very safe procedure. Less common complications include:

Bleeding. The risk of bleeding after an endoscopy is increased if the procedure involves removing some tissue for testing (biopsy) or to treat a digestive problem. There are many types of endoscopy that look at different organs. The most common types of endoscopy include colonoscopy, upper endoscopy, and laparoscopy.

Upper endoscopy, also called upper gastrointestinal endoscopy, is a procedure used to visually examine the upper digestive system. This is done using a small camera at the end of a long, flexible tube. A specialist in diseases of the digestive system (gastroenterologist) uses endoscopy to diagnose and sometimes treat diseases that affect the upper part of the digestive system.

The medical term for upper endoscopy is esophagogastroduodenoscopy. Upper endoscopy is used to diagnose and sometimes treat diseases affecting the upper part of the digestive system. The upper digestive system includes the esophagus, stomach, and beginning of the small intestine (duodenum).



## Laparoscopy

Endoscopy may be recommended in the following cases:

- Check for symptoms. An endoscopy can help determine the cause of digestive signs and symptoms such as ulcers, nausea, vomiting, abdominal pain, difficulty swallowing, and gastrointestinal bleeding.
- Diagnostics. Endoscopy provides the ability to collect tissue samples (biopsies) to test for diseases and conditions that may be causing anemia, bleeding, inflammation, or diarrhea. It can also detect some cancers of the upper digestive system.
- Treatment. Special tools can be passed through the endoscope to treat problems in the digestive system. For example, endoscopy can be used to stop bleeding, dilate a narrow esophagus, cut a polyp, or burn a bleeding vessel to remove a foreign object.

Endoscopy is sometimes combined with other procedures such as ultrasound. An ultrasound probe can be connected to the endoscope to create an image of the esophagus or stomach wall. Endoscopic ultrasound can also help create images of hard-to-reach organs such as the pancreas. Newer endoscopes use high-definition video to provide clearer images. Most endoscopes are used with a technology called narrowband imaging. Narrow-band imaging uses special light to help better detect precancerous conditions, such as Barrett's esophagus.

Special instructions are given to prepare for endoscopy:

- You will need to stop eating solid food for eight hours and drink liquids for four hours before the endoscopy. It is necessary to ensure that the stomach is empty for this procedure.
- Some medications are discontinued. If possible, some blood-thinning medications should be stopped a few days before the endoscopy. If certain procedures are performed during endoscopy, blood thinners may increase the risk of bleeding. If you have ongoing conditions such as diabetes, heart disease, or high blood pressure, your doctor will give specific medication instructions.

During upper endoscopy:



- Monitors are often attached to the body. This allows the medical team to monitor breathing, blood pressure and heart rate.
- As the endoscope moves down the esophagus, a small camera at the tip transmits images to a video monitor in the room, which is monitored to look for abnormalities in the upper part of the digestive tract. If anything unusual is found in the digestive system, images may be taken for later examination.

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