

Hand assisted Laparoscopic Surgery; An Overview

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Hand assisted laparoscopic surgery is an updated highly advanced version of laparoscopic technique. Such techniques bridge the gap between traditional surgery and total laparoscopic surgery. [1] Introduction of the hand intracorporeally enhanced the degree of freedom, hence, a remarkable degree of precision and safety in task performance. [2] Clinical and experimental studies confirmed safe use of the hand with insufflation pressure enhancing dexterity as well as a steep learning curve. [3] Therefore, the author made an overview analysis to the factors related to safety; efficiency; dexterity; instrumentation and cost-effectiveness for the use of hand assisted laparoscopic surgery; with a particular emphasis on Live donor nephrectomy.

Prospective Studies made by Kolvenbach R [1995] on the use of hand assisted laparoscopic surgery in aortic aneurysm repair proved high degree of safety and efficiency as well as cost effectiveness. [4] Several studies highlighted a multitude of factors significantly contributing into a high degree of precision and task performance; which reflected on uneventful enhanced recovery programme. [5]

There are various hand port devices of which the pros and cons for each port will be discussed in details. [6] Several studies; in

particular, the author's experimental studies confirmed that optimum safe insufflation pressure would be 10 mm Hg with no leak from the hand port and optimum dexterity and task performance. [7]

Hand assisted laparoscopic surgery is a safe and efficient technique. It significantly enhances concept of Enhanced Recovery program. Raising public awareness can provide a high impact in enhancing live donor nephrectomy; hence reducing the inexorable Renal Transplant waiting list for patients with end stage renal disease.

Biography

Haussam Elenin is FRCS Glasgow [UK] qualified and has completed an MD in Minimal Access Surgery with a special interest in Hand assisted [Laparoscopic Surgery](#). The author has been Regional Surgical Adviser and Surgical Tutor for the Royal College of Surgeons for North Ireland and has a wide case mix of surgical experience over 25 years as well as over 15 publications. The author is currently a Consultant Laparoscopic and General Surgeon at The Private Hospital Groups of Dr [Suleiman Al Habib Hospitals](#) in Riyadh / Saudi Arabia.

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Received: January 06, 2022; **Accepted:** January 10, 2022; **Published:** February 26, 2022