
AHMAD ASSALIA MICHEL GAGNER MOSHE SCHEIN (Eds.)
Controversies in Laparoscopic Surgery

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Preface

"If you are too fond of new remedies, first you will not cure your patients; secondly, you will have no patients to cure."

(Astley Paston Cooper, 1768–1841)

Today Dr. Cooper would have to modify his aphorism to:

"If you are *not* too fond of new remedies you will have no patients to cure..."

That controversy exists implies that evidence supporting an unequivocally "correct" position is lacking. *Laparoscopy, however, was born into controversy.* Some would even say that the majority of laparoscopy is still controversial. By challenging established concepts in surgery, laparoscopy was very often met with skepticism and even fierce objection. Beginning in the early days of laparoscopic cholecystectomy, opinions were divided as to the role of laparoscopic surgery as an acceptable, viable or a better substitute to the open surgical counterparts. In addition to the feasibility and applicability, the controversy involved the various ways to best perform the laparoscopic approach and to achieve at least a similar outcome to that with open surgery.

After a decade and a half of vast experience and progress, except of a few instances (e.g., cholecystectomy, adrenalectomy, esophageal myotomy, splenectomy for normal-sized spleens and possibly Nissen's fundoplication), debate still surrounds most of the laparoscopic procedures. Many of them, in fact, are still considered experimental or immature. Growing experience, daring and technological advances made most of operations to be feasible laparoscopically resulting in the well-known advantages of minimal access surgery. But beyond feasibility, laparoscopy has struggled to prove itself comparable to, or even better, than traditional techniques. The learning curves and specific inherent problems associated with laparoscopy created additional dimensions

of complications. Issues of operating times and cost further complicated the continuing debate.

Very few randomized controlled trials were conducted to scientifically evaluate the role of laparoscopy. Nevertheless, several procedures practically replaced open surgery even without high levels of evidence. The success was determined most often by the patients rather than the well established and often conservative medical community. Therefore, and mainly because of patient demand, large scale randomized controlled trials will most probably not be performed for many procedures.

Even so, laparoscopy is now commonplace in every hospital and almost in every country around the world, mainly because patients tend to seek comfort and “easier” procedures. Hospitals are striving to expand their laparoscopic services and new generation of young surgeons are being born into this minimally invasive era or this new “state of mind”. New territories in surgery are being conquered by laparoscopy and, as experience is accumulating, it is becoming clear that the opponents or “laparo-skeptics” are tempering their criticism. It seems that the laparoscopic momentum will not be stopped. Even though the industry seems to have an important role in the development and promotion of laparoscopy, often for its own gain, we will do better if we know where to draw the line between fruitful cooperation (while keeping in mind standards of care) and personal profits. At the same time, while striving to improve and innovate, we, as balanced surgeons, need to moderate and curb our over-enthusiasm for the sake of our integrity and, most importantly, for the sake of our patients.

That was the rationale behind this book: to critically evaluate the current status of laparoscopy and provide a balanced, evidence-based opinion. The inclusion of one editor who is not an advanced laparoscopic surgeon (MS) reflects our intentions. For each topic, a known laparoscopic pioneer in the field has critically evaluated the available evidence “flavored” with his personal experience, which was then balanced or “counter-balanced”, in most cases, by a known non-laparoscopic surgical authority.

Unlike other available texts in laparoscopy, this book is not intended to be a substitute for or “just another” textbook. Rather, the authors assume that the reader has a fundamental grasp of relevant basic knowledge and thus focus on sharp points of dispute. Even though it sheds a different light on the field of laparoscopy, it should serve not only the dedicated laparoscopic surgeon but also

general surgeons with the quest for evidence-based practice and interest in laparoscopy, as well as surgical trainees.

Could this book have been written a decade ago? Yes, but in the absence of experience and sufficient data it would have been a futile non-scientific debate between the conservative surgeon trying to protect his well-established practice, and avoiding the learning of the “new trick”, and the open-minded enthusiastic pioneer trying to accomplish his dream. The main and almost only controversy was the mere justification of laparoscopic surgery. Today, after almost 15 years of experience, when some of the laparoscopic procedures are considered as the new “gold standard”, considerable data exist to afford a more educated debate.

In the preface to the first surgical text addressing controversies (RL Varco, JP Delaney, *Controversy in Surgery*, W.B. Saunders, Philadelphia, 1976), James P. Shannon, wrote:

“One mark of an educated man is his ability to differ without becoming angry, sarcastic or discourteous. Such a man recognizes that in contingent matters there will always be a place for legitimate difference of opinion ... he respects the honesty and the intellectual integrity of others and ... if his be a disciplined mind, he does not lightly forsake the intellectual ground he has won at great cost. He yields only to evidence, proof or demonstration.”

Let us hope that this spirit of intellectual debate will continue to lead us in our future endeavors.

The Editors

New York, 2005

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