Minimally invasive surgery (MIS) has experienced a surge in popularity over the past few decades, thanks to rapid technological advances and growing consensus in the clinical community. According to a report on laparoscopic devices recently released by Global Industry Analysts Inc., 7.5 million laparoscopies were performed worldwide in 2015.1] For a number of operations – such as appendectomy, tubal ligation, cholecystectomy, gastric bypass, myomectomy, and prostatectomy – more than 90% of interventions are now performed through minimally invasive approaches, with projected growth rates of up to 15% in the next 5 to 10 years.2] The main reason behind this paradigm shift is the significant reduction of trauma to the patient’s body that results from the minimisation or even elimination of surgical incisions. The reduced physical trauma, in turn, leads to a number of additional benefits for the patient: lower incidence of post-surgery complications, reduced pain, quicker recovery, shorter length of hospital stay, minimal cosmetic disfiguration, decreased psychological impact, and overall improved quality of life.3–8] Choosing to perform MIS over open surgery, however, means also embracing a series of potential disadvantages from the surgeon’s perspective. These include limited operating space and field of vision; the lack of haptic feedback; the loss of stereo vision and depth perception; diminished hand-eye coordination; prolonged learning curves and training periods; extended operation times; and increased costs.9–11] With the recent developments in medical and surgical technology, such complications are gradually being overcome, enabling the adoption of minimally invasive procedures in hospitals and clinics around the world.

AIM
To study the outcome of minimal invasive surgeries to the patients

MATERIALS AND METHODS
This study is performed on 100 patients ranging in age from 20 yrs to 60 yrs. Laparoscopy method is used in the process of surgeries. The study methodology comprised of an audit to keep a record of the patients’ complaint while entering the hospital, their hospital records, the method used to do their surgery, the number of days of hospital stay, blood loss, post-operative pain, recovery duration and number of visits after the discharge from hospital.

RESULTS
In this study 100 patients were included, female (64%) and males (46%) who have undergone MIS. Maximum patients, that is, 85 patients, were below the age of 40 years. Only 15 patients were of above the age of 40 years. There are maximum gynecological cases (61%) as compared to urological (27%) and general cases (12%) for MIS. There is a 100% success rate according to analysis which is based on the discharge summary of 100 patients. Also, 100% of the patients were satisfied with their surgery as its procedure. 3% complications were recorded during the analysis. Only 7 patients were recorded who stayed for 7 or more days after their surgery. More than 50% patients, that is, 54 patients, stayed for period of 1-3 days in hospital after the surgery. And 39 patients were recorded who stayed for 4-6 days in hospital after their surgery.
CONCLUSION
Minimally Invasive Surgery is boon to the patients. MIS is a different surgical approach which reduces trauma without compromising the basic steps/ ethics of surgery and quality of surgical procedure. The physiological change in MIS is mostly induced by pneumoperitoneum. MIS is dependent on sophisticated instrument and good surgical team. Trend of the future surgery is move to minimally invasive surgery. Minimally invasive surgery has been developing to the scare less surgery. MIS has a learning curve which needs to be followed to accomplish perfection. As in all aspects of medicine, laparoscopic surgery requires experience on the part of the surgeon in order to afford patients the best possible outcome. The anatomy visible through a laparoscope differs in perspective from that presented in the open case, basic techniques such as suturing have to be relearned, and there is a decrease in tactile sense as an instrument is interposed between fingertip and tissue. Several surgeons have defined a learning curve for laparoscopic procedures after which the rate of complications plateau and most series note a decrease in the time necessary to complete a procedure from the first cases to the last. Adequate instruction and super-vision would seem prudent as a surgeon ascends the learning curve. Ultimately, complications can be minimized but never avoided. Expeditious diagnosis and appropriate management of complications are requisite of all surgeons.

REFERENCES