
Preface

“Primum Non Nocere – First and Foremost Do No Harm”, has been a basic guide for our diagnostic and therapeutic endeavors ever since Hippocrates (460–361 B.C.) expressed this principle as a major aphorism in the care of the sick and injured. Taken to its rational conclusion in modern healthcare, this means that a seemingly injurious and “radical” operative action, when indicated, causes less harm than medication-based, “conservative” inaction. For example, the truly “conservative” treatment of ruptured appendicitis, a decisive incision, excision of the offending organ, and “laudable” drainage of pus is superior to the “radical” use of pills, potions, and various warm or cold compresses. However, this approach does entail a violation of anatomical integrity with all the real and potential, short and long-term morbidity associated with a surgical wound, often regardless of the urgent or elective nature of the procedure, especially if it is established to cure infection or neoplasia.

Advances in the technology of endoscopy, the ability to transmit and project anatomical and pathological findings onto a television monitor and the progressive mastery of operative skills within a closed space, guided by a two- or three-dimensional image, have greatly reduced and in some instances eliminated the handicap of a conventional incision. Local and systemic wound morbidity, so aptly called “maladie de l’incision” by Ph.

Mouret, has been largely remedied by this minimal invasion of endocavitary, endoluminal, endovascular, and endoarticular spaces!

While the injury of surgical access has been greatly reduced, if not eliminated, the indications, strategy, technique, and goals of any given internal operative procedure feasible through a minimal approach have not changed in their essential features. This Atlas of Minimally Invasive Surgery does provide a comprehensive and didactic guide to this new art and craft of operative surgery within the abdomen.

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