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Historía de la Cirugía Laparoscópica

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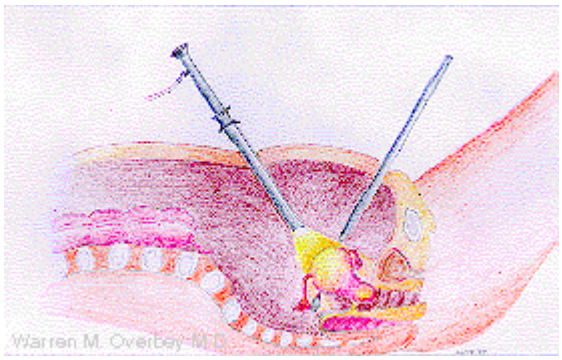

1806. Philip Bozzini, built an instrument that could be introduced in the human body to visualize the internal organs. He called this instrument "LICHTLEITER". Bozzini has been credited to be the inventor of the first endoscope, however it was never tested in humans. It used a candle as the source of light. At that time people did not understand this procedure and he was reviewed by the medical faculty of Vienna and punished for his "curiosity" The "Lichtleiter" endoscope, developed by Bozzini (1805)

1853. Antoine Jean Desormeaux, was a french surgeon who first introduced the 'Lichtleiter" of Bozzini to a patient. For many he is considered the "Father of Endoscopy". This instrument had a system of mirrows and lens, with a lamp flame as the light source. Burns, as imagined, were the major complication of these procedures. The lichtleiter was mainly used for urologic cases

1876. Maximilian Nitze, modified Edison's light bulb invention and created the first optical endoscope with built-in electrical light bulb as the source of ilumination. Like the Lichtleiter from Bozzini, this instrument was only used for urologic procedures.

1881. Mikulicz and **Leiter**, adopted Max Nitze's principle of a rigid optical system and succeeded in constructing the first useful clinical gastroscope. Mikulicz also carried out numerous examinations on patients and obtained diagnostic results in Billroth's surgical clinic in Vienna.

1901. George Kelling: "I asked myself, how do organs react to the air introduction? To find this out, I devised a method to use an endoscope on an unopened abdominal cavity (Koelioskopie) in the following way." George Kelling, of Dresden coined the term "coelioskope" to describe the technique that used a cystoscope to examine the abdominal cavity of dogs. Dr. Kelling reported these results at the German Biologic and Medical Society Meeting in Hamburg, in September 1901. Kelling also use filtered air to create a pneumoperitoneum, with the goal of stopping intra-abdominal bleeding (ectopic pregnancy, bleeding ulcers, pancreatitis) but these studies did not find any response or supporters. Kelling noted that the abdominal cavity could store more than 2.5 liters of blood. The only method to establish a diagnosis and provide treatment at that time was linked to laparotomy. However, as Kelling observed, opening the abdomen could worsen the patient's condition. To halt blood seepage into the abdomen, Kelling proposed a high-pressure insuflation of the abdominal cavity, a technique he called the

"Luft-tamponade" or "air-tamponade". Working together with the Czech surgeon Vitezslav Chlumsky (1867-1943) in Breslau, Kelling expanded his insufflation technique. The purpose of his "coelioskope" was to view the effect of pneumoperitoneum acting as an air-tamponade and not as an endoscopic method itself. That was probably the most important reason why he did not pursue work on this method. Other research problems concerned him, and he saw little future in this technique. Kelling actually presented his "coelioscopy" in Hamburg as an endoscopic method. The description of this procedure, today known as laparoscopy, introduced Kelling's name into the history of Medicine.

- **1911. H.C. Jacobaeus**, from Stockolm, used for the first time the term "laparothorakoskopie". Using this procedure on the thorax and abdomen. He also suggested employing similar technique to examine body cavities endoscopically. Unlike Kelling he introduced the trocars directly without employing a pneumoperitoneum.

- **1911. Bertram M. Bernheim**, from Johns Hopkins Hospital introduced laparoscopic surgery to the United States. He named the procedure "organoscopy". The instrument was a proctoscope of a half inch diameter and ordinary light for illumination.

- **1918. O. Goetze**, developed an automatic pneumoperitoneum needle characterized for its safe introduction to the peritoneal cavity..

- **1938. J Veress**, of Hungary, developed the spring-loaded needle. It main purpose was to perform therapeutic pneumothorax to treat patients suffering from tuberculosis. It current modifications makes the "Veress" needle a
perfect tool to achieve pneumoperitoneum during laparoscopic surgery.

- **1939. Richard W. Telinde**, tried to perform an endoscopic procedure by a culdoscopic approach, in the lithotomy position. This method was rapidly abandoned because of the presence of small intestine.

- **1944. Raoul Palmer**, of Paris performed gynecological examinations using laparoscopy and placing the patients in the Trendelemburg position, so air could fill the pelvis. He also stressed the importance of continuos intra-abdominal pressure monitoring during a laparoscopic procedure.

- **1960. Kurt Semm**, a german gynecologist, who invented the automatic insufflator. His experience with this new device was published in 1966. Although not recognized in his own land, on the other side of the Atlantic, both American physicians and instrument makers valued the Semm insufflator for its simple application, clinical value, and safety.

- **1971. Jordan M. Phillips**, founded the American Association of Gynecological Laparoscopist with its goal of providing education about this technology.

- **1977. Henk de Kok**, from Amsterdam, Netherlands, wrote the first article on laparoscopic surgery: the laparoscopic appendectomy. Further data can be found on the site www.cirugest.com There also a large bibliography on the laparoscopic history including Henk de Kok's.

- **1980. Patrick Steptoe**, from England started to perform laparoscopic procedures in the operating room under steril conditions.

- **1981.** The American Board of Obstetrics and Gynecology made laparoscopy training a required component of residency training.

- **1982.** First solid state camera was introduced. This is the start of "video-laparoscopy".

- **1987. Phillipe Mouret**, performed the first video-laparoscopic cholecystectomy in Lyons, France.

- **1994.** A robotic arm was designed to hold the laparoscope camera and instruments with the goal of improving safety, reducing resource utilization and improving efficiency and versatility for the surgeon.

También puedes visitar: Laparoscopía. Los Primeros Intentos. Georg Kelling y Hans C. Jacobaeus. De: Grzegorz S. Litynski.

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