

NEW APPROACHES IN SURGERY

Since the arrival of minimally invasive surgical techniques with the first laparoscopic cholecystectomy in 1989 there has been rapid development of the technical and surgical environment.

Since it became clear that “keyhole surgery” not only brings cosmetic advantages for the patient but more importantly makes postoperative rehabilitation far shorter, there has effectively been a continuous process of pushing back the boundaries and perfecting the approach in all surgical fields.

Instruments which originally made laparoscopic operations possible have been continuously improved. Digital video technology and voice-controlled surgical robots have turned surgery into precision work. Via telecommunications it is now possible not only to have online intraoperative consultations with experts, but also to perform the operations themselves.

Even though in principle minimally invasive surgery is performed in the same way as conventional (“open”) surgery, the magnified images and improved overview mean the surgery and preparation are considerably less traumatic (more gentle) and involve less bleeding; this is reflected not least in the amount of banked blood used and the far shorter postoperative recovery period and hospital stay.

As well as minimally invasive removal of the gall bladder (LCHE) and appendix (LAE), laparoscopic repairs of hernias and oesophageal, stomach and bowel surgery are routine and are now considered the “gold standard”.

Digital recording of the operation on DVD supports quality assurance and may be explained and given to the patient on request.

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