Summary
A combined endocavitary (laparoscopic) and endoluminal (coloscopic) approach allows to compensate methodologic restrictions of both procedures. With this procedure local excisions of the colonic wall in localised, (still) benign lesions are feasible. Combined procedures were applied in 33 patients with colonic lesions. The conversion rate was 9%. In 2 cases anastomotic fistulae were seen, which could be treated conservatively. The postoperative time of hospitalisation was 10 days. In patients with uncomplicated local excisions this time period was markedly shorter than in patients with segmental resection of the colon (9 versus 11 days). The simultaneous colonoscopy during laparoscopic procedures of the colon is valuable in cases of local excision of localised benign lesions. In cases where the findings a priori imply a laparoscopic segment resection, intraoperative colonoscopy is not necessary in the first place. Copyright © 2000 S. Karger GmbH, Freiburg