Solo Single-Incision Laparoscopic Appendectomy versus Conventional Single-Incision Laparoscopic Appendectomy

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With improvement of surgical techniques and development of laparoscopic devices, solo surgery has been introduced. Solo surgery, which refers to performing surgical procedures without surgical assistants except for a scrub nurse, is a surgical approach that can help the operator to control the visual field fully while improving eye-hand coordination.¹⁻³ With these advantages, applications of solo surgery have expanded from minor resection to more complicated cases, including major colorectal and hepatic resections. Recently, single incision laparoscopic surgery has been performed in fields requiring minimal access surgery, which has resulted in clear-cut benefits in terms of cosmetic aspects, reduced bleeding and wound morbidity. Because of some disadvantages such as expensive instruments, longer operation time, technical difficulties and longer learning curve, this approach is not widely practiced.⁴ However, the technical difficulties have been overcome by solo surgery using mechanically adjustable instruments.

This study compared the outcomes of conventional single incision laparoscopic appendectomy (C-SILA) and solo SILA (S-SILA) based on retrospective analysis of a single-center's experience. Previous studies reported that the S-SILA provided a wide space for a surgeon and direct control of laparoscopic vision. Moreover, this approach has been shown to

reduce costs.^{3,5} It should be noted that this study is limited in that it was a retrospective study with a small number of patients and selection bias. However, the author's presented valuable data with a specific focus on S-SILA performed by residents. In this study, S-SILA economized staff numbers and thus reduced hospital costs without lengthening the operating time. Moreover, the authors emphasized that surgical residents can perform S-SILA without any intervention from staff. This is a meaningful study that will serve as a basis for the training and education of surgical residents. It is expected that a collection of small retrospective studies such as this one will provide good evidence of the benefits of solo surgery.

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