

**Table I. Summary of complications of laparoscopic gynecologic surgery.**

<b>Complication</b>	<b>Rate (%)</b>	<b>Cause of Complication</b>	<b>Clinical Presentation</b>	<b>Management</b>
<b>Abdominal wall vascular injury</b>	0.5	Entry related	Intraoperative blood dropping to operation field Postoperative hemorrhage and hematoma	Coagulation Tamponade Suturing
<b>Intestinal injury</b>	0-0.5	Entry related (laceration) Operative (thermal)	Usually diagnosed postoperatively with peritonitis-like findings.	Most cases required conversion to laparotomy. Thermal injury: bowel resection Trocar injury: Primary repair or resection related with localization, extension and bowel preparation. Veress injury: can be managed expectantly
<b>Ureteral injury</b>	0.025-2	Electrocautery (leading cause) Other (i.e. trocar, laser, dissection, staples, suturing)	Intraoperative diagnosis is very rare. Presentation may be delayed by the several weeks especially in thermal injury. Symptoms are variable.	Intraoperative diagnosed patients: Intraoperative laparoscopic repair, double J-shaped catheter for focal injury Postoperative diagnosed patients: Laparotomic end-to-end anastomosis, ureteral implantation, ureteral reconstruction or ureteroneocystostomy Based on localization, extension and type of injury;
<b>Bladder injury</b>	0.02-8.3	Entry related Thermal During dissection	Most of cases diagnosed intraoperatively. Abdominal discomfort and oliguria are major findings postoperatively.	Conservative management Surgical repair
<b>Major vascular injury</b>	0.04-0.5	Entry related Energy source Operative	Bleeding from trocar or Veress Observation via laparoscope Retroperitoneal hematoma	Laparotomic vessel repair without removing Veress or trocar Laparoscopic repair also reported.
<b>Hernia at trocar site</b>	0.17-0.2	Entry related	Bowel obstruction findings Incarceration	Laparoscopic or laparotomic hernia repair Bowel resection in incarcerated cases
<b>Subcutaneous emphysema</b>	2.3	CO <sub>2</sub> presence in subcutaneous tissue.	Subcutaneous emphysema	Resolve spontaneously
<b>Hypercarbia</b>	5.5	Longer operative times High end-tidal CO <sub>2</sub> Older patient age	Acidosis	Ventilation
<b>Cardiac arrhythmia</b>	27	-	Sinus tachycardia, bradycardia, ventricular, tachycardia, and asystole	Stopping gas in-flow Anticholinergic agent for bradycardia Reinsufflation after the arrhythmia settles down
<b>Pneumothorax/ pneumomediastinum</b>	0.2-1.9	Pneumoperitoneum Diaphragmatic defect	Respiratory related symptoms	Discharging CO <sub>2</sub> from peritoneal cavity Inhalation with 100% O <sub>2</sub> Thorax tube
<b>Port-site metastasis</b>	1.1-2.3	Pneumoperitoneum and CO <sub>2</sub> related	Postoperative port-site tumor	Resection, chemotherapy, radiotherapy