Celioscopic surgery represents a modern approach in abdominal surgery and in gynecology as well. It offers multiple advantages for the patient in terms of morbidity and comfort, with low costs of hospitalization and rapid reintegration in society.

The paper wants to establish the role of celioscopic surgery in diagnosis and treatment of gynecologic lesions.

In the first part of the paper- general part are presented the instruments and devices used in laparoscopic surgery (the latest developments being underlined), the indications in diagnosis and therapy, the advantages over open surgery, cautions, complications and contraindications for celioscopic surgery. The next chapter presents the main surgical techniques used in gynecologic surgery regarding the laparoscopic approach. This chapter has several points of discussion: adhesiolysis in gynecologic surgery, ovarian and paraovarian surgery, tubar surgery, the surgical treatment of
endometriosis, celioscopic appendicectomy, uterine surgery, the place of celioscopy in oncologic surgery.

The second part- original contributions has 3 chapters. The first chapter contains the work hypothesis and the purposes of the paper. The next chapter presents the material and methods used. The third chapter of the special part is the largest and it presents the results obtained and it discuss these results in relation with literature. This chapter evaluates the indications, surgical procedures, preoperative evaluation, anesthetic considerations, postoperative complications and conversion to the open surgery. The author analyses the personal experience in the celioscopic treatment of ovarian tumors, the laparoscopic surgical treatment in polycystic ovary syndrome, the place of celioscopic surgery in the treatment of female sterility with tubo-peritoneal etiology, the celioscopic tubar surgery, the celioscopic uterine surgery (presenting the experience in miomectomy and hysterectomy), the laparoscopic oophorectomy in breast cancer and celioscopic appendicectomy and its place in gynecologic pathology.

The main conclusions of these are:

- Celioscopic approach has a real value in benign tumoral pathology of the ovary after an adequate pre- and intraoperative evaluation.
- In polycystic ovary syndrome with anovulatory sterility and oligomenorea the laparoscopic approach represents an advisable alternative.
- Celioscopy has a well defined place in the diagnosis and treatment of tubo-peritoneal sterility and in anexial pathology.
- Laparoscopic hysterectomy and celioscopic oophorectomy represent valuable options in well specified groups of patients.
- The celioscopic surgery is the surgery of the future with certain advantages over classical opened-surgery in terms of morbidity, mortality and comfort with rapid social reinsertion.