Decision Making in Difficult Laparoscopic Cholecystectomy

BY
TAHA AHMED ESMAIL
PROF OF SURGERY
KAFRELSHEIKH UNIVERSITY
EGYPT

Decision Making in Difficult laparoscopic Cholecystectomy

- Critical; view of safety {CVS} by identifying the entire choycysto-hepatic triangle is by far the safest technique adopted until now, however in difficult cases this CVS may be impossible to get even major injuries may be encountered before reaching to it.
- So, many other options are valid in such situation to avoid any patient harm.

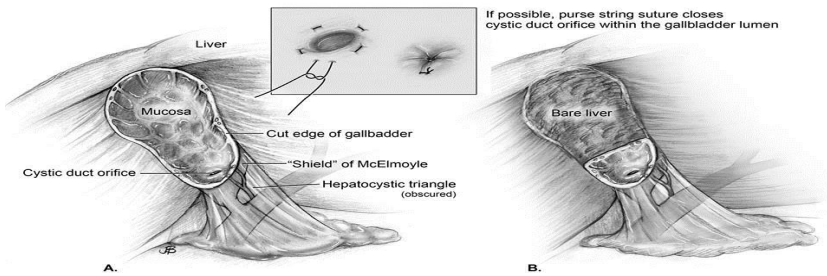
What`s HCT?



Partial Cholecystectomy & Subtotal Cholecystectomy

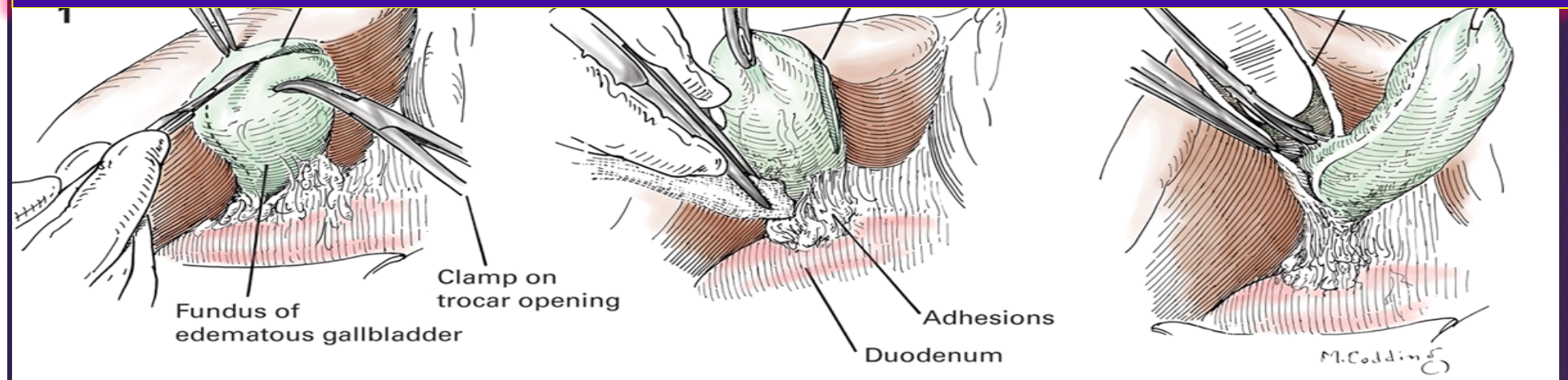
Subtotal Cholecystectomy

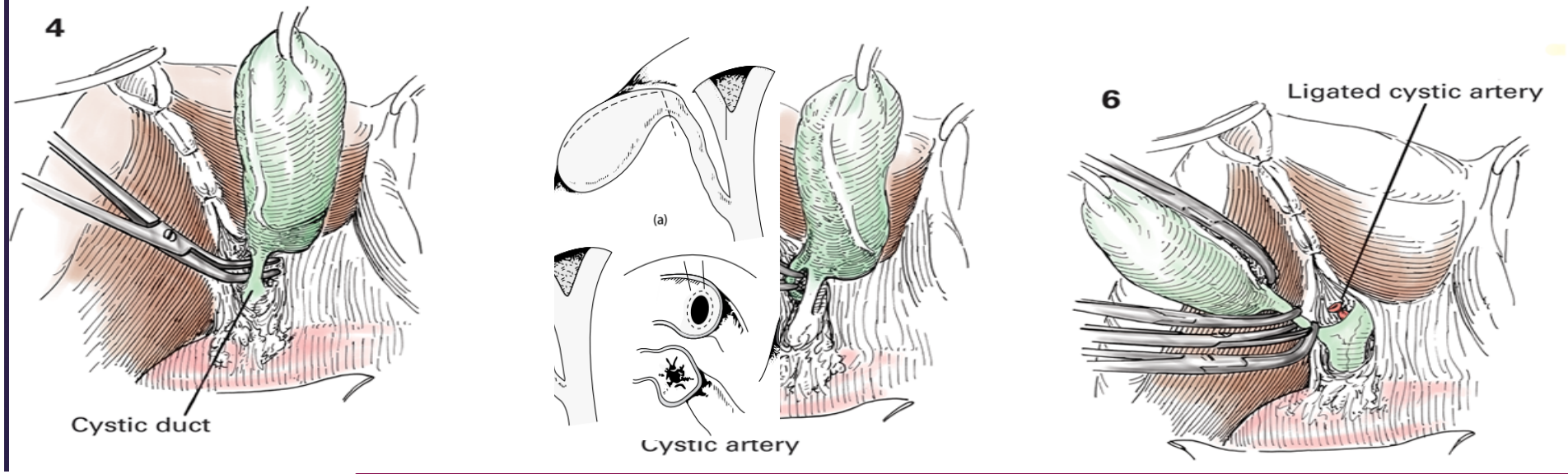
- Introduced by Bornman et al. 1985 to reduce CBD injury
- Involves excision of anterior wall and closure of cystic duct from within GB





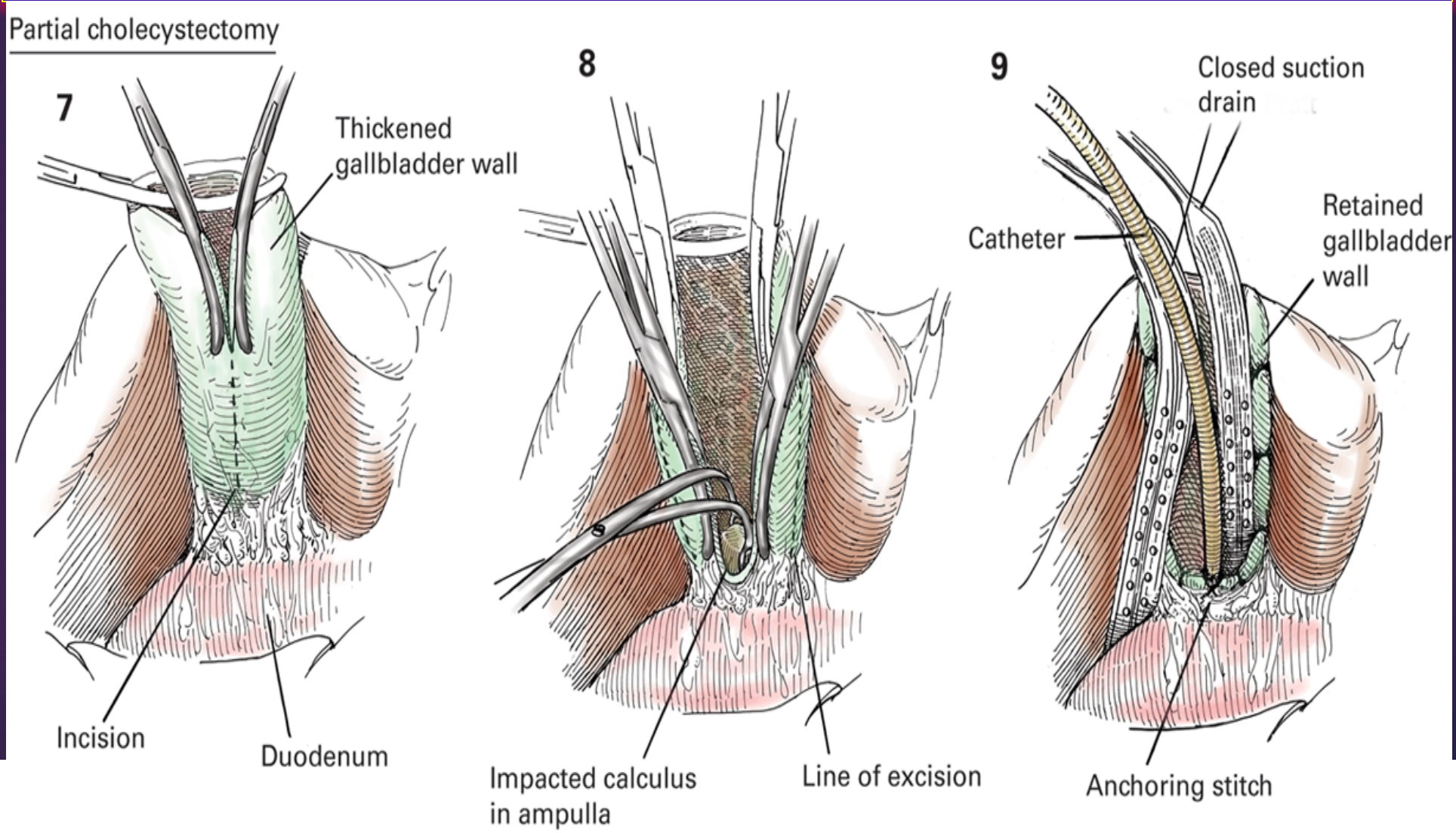
Partial Cholecystectomy & Subtotal Cholecystectomy



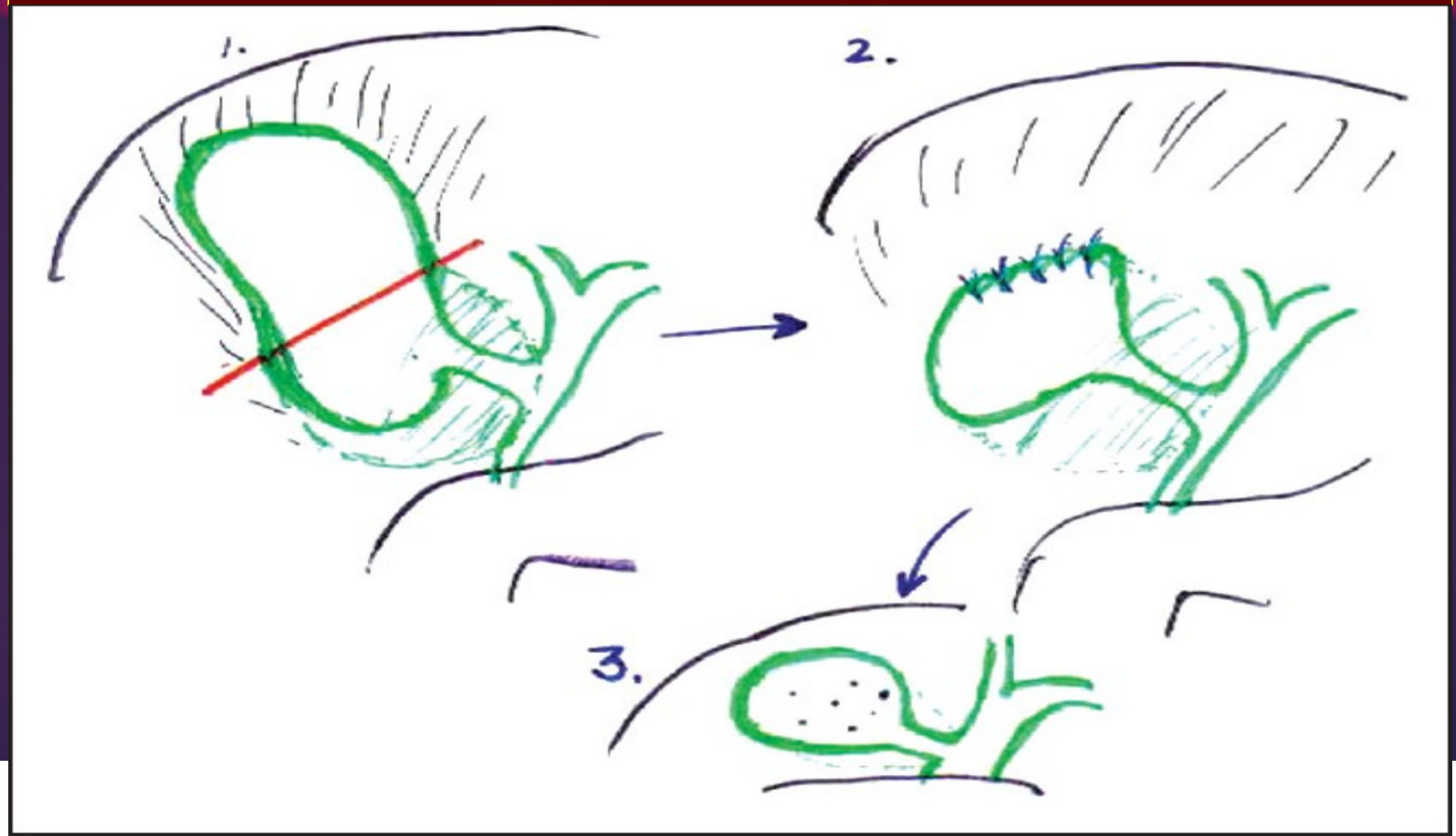


Bornman technique of subtotal cholecystectomy 1985 :

Partial Cholecystectomy & Subtotal Cholecystectomy



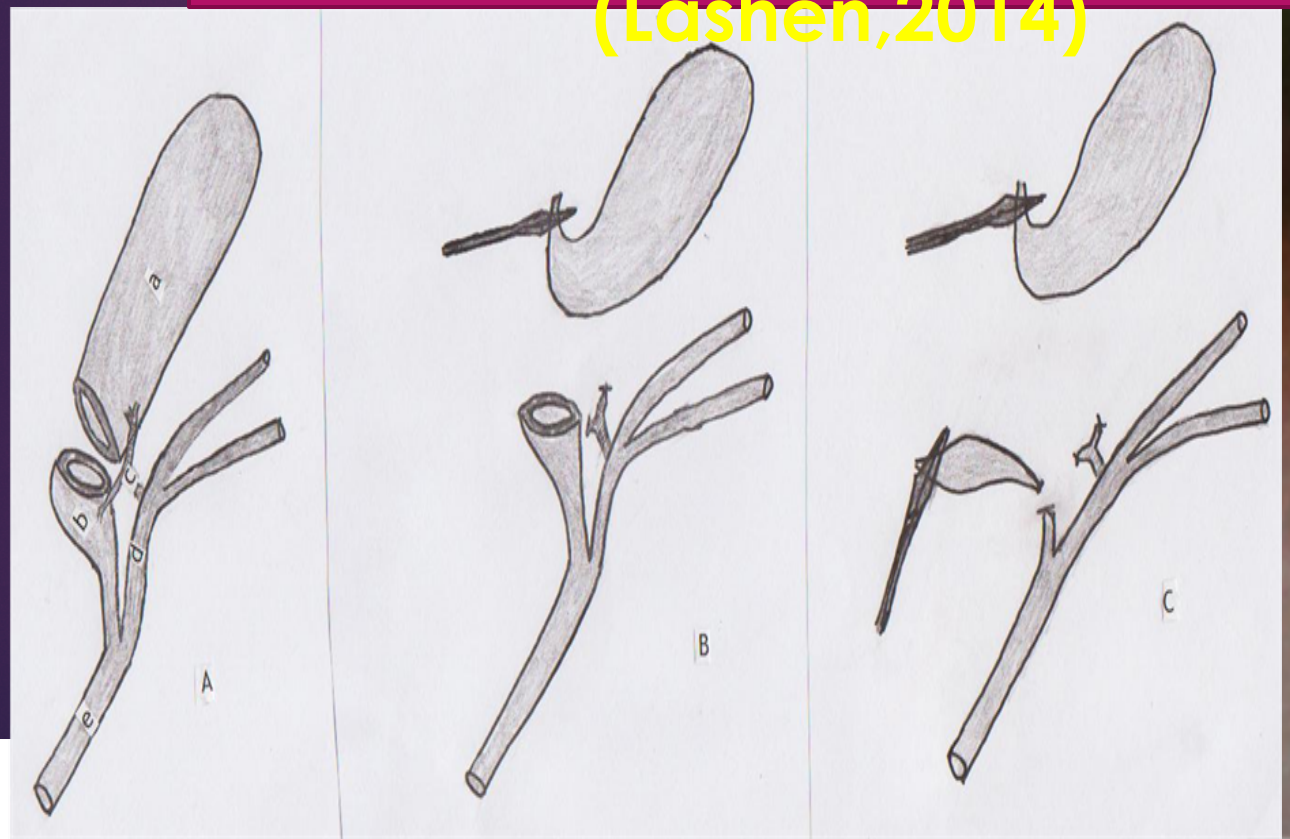
Partial Cholecystectomy & Subtotal Cholecystectomy



Bipartite Cholecystectomy

GB is divided into 2 parts, proximal and distal for easier and safer removal in difficult cases.

(Lashen,2014)





Patients and Methods

- Sixty patients with difficulties were treated with laparoscopic cholecystectomy in the period from April, 2018 to April, 2019.
- The difficulties were:

1-Extensive adhesions in 23 cases.

2-Contracted gall bladder in 11 cases.

3-Pyocele in 21 cases.

4-Pericholyecystic abcess in 2 cases.

5-Aenomyomatosis with huge distended gall bladder in 3 cases.

6-combined difficulties, two or more occurred in 16 cases.

Patients and Methods



Mucocele



Empyema

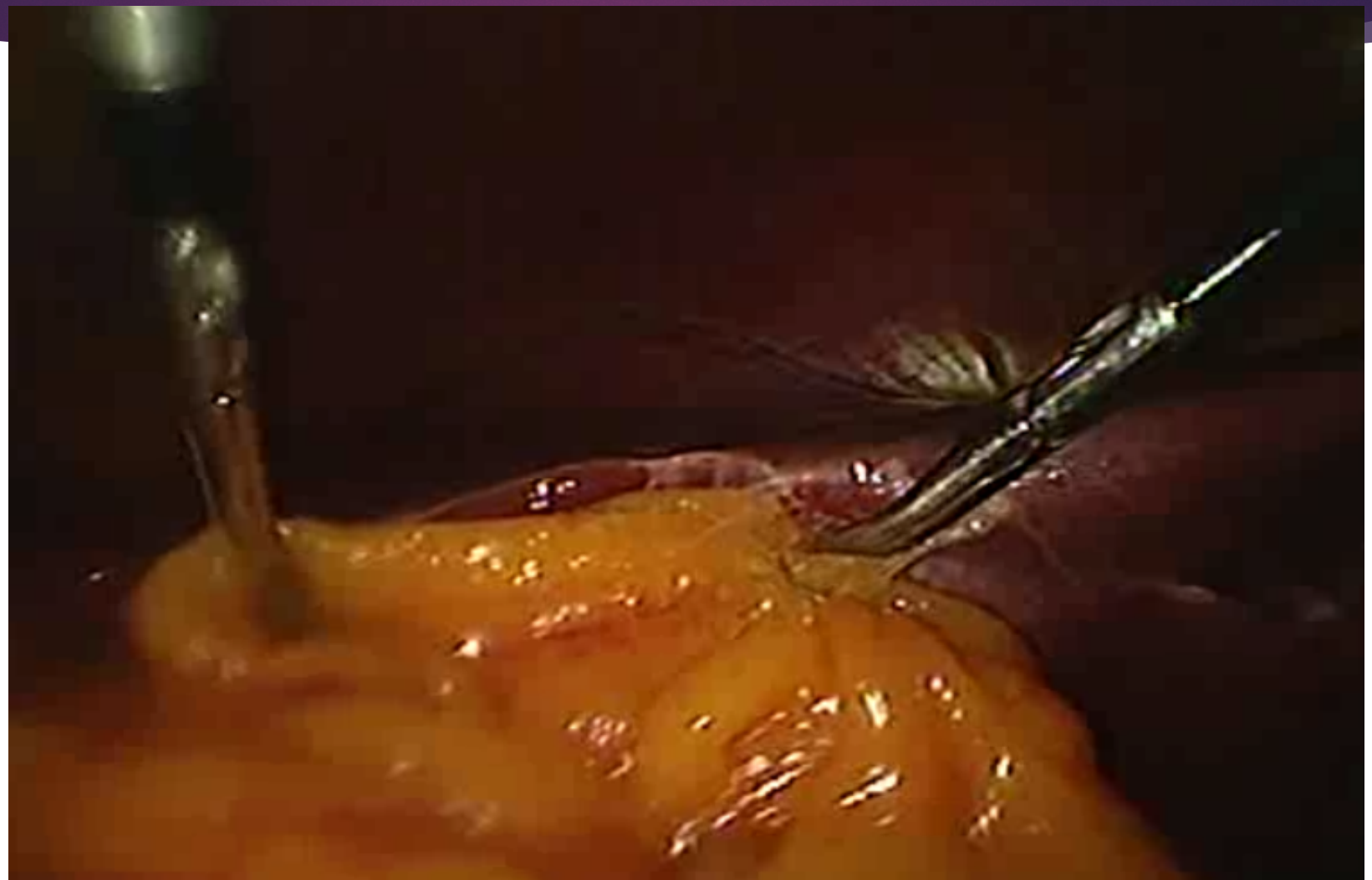


Gangrene



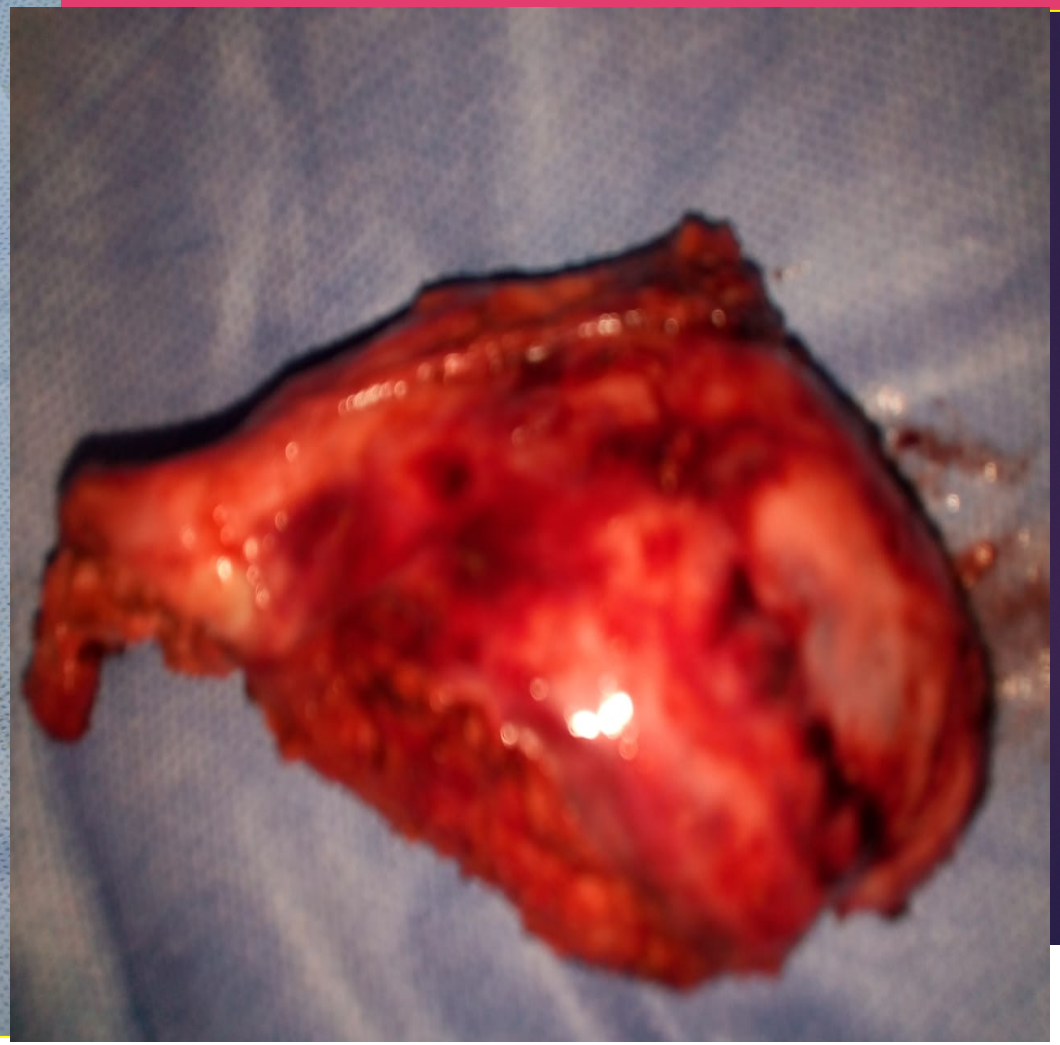
Perforation

Adhesions
How to deal with ?



Adenomyomatosis?



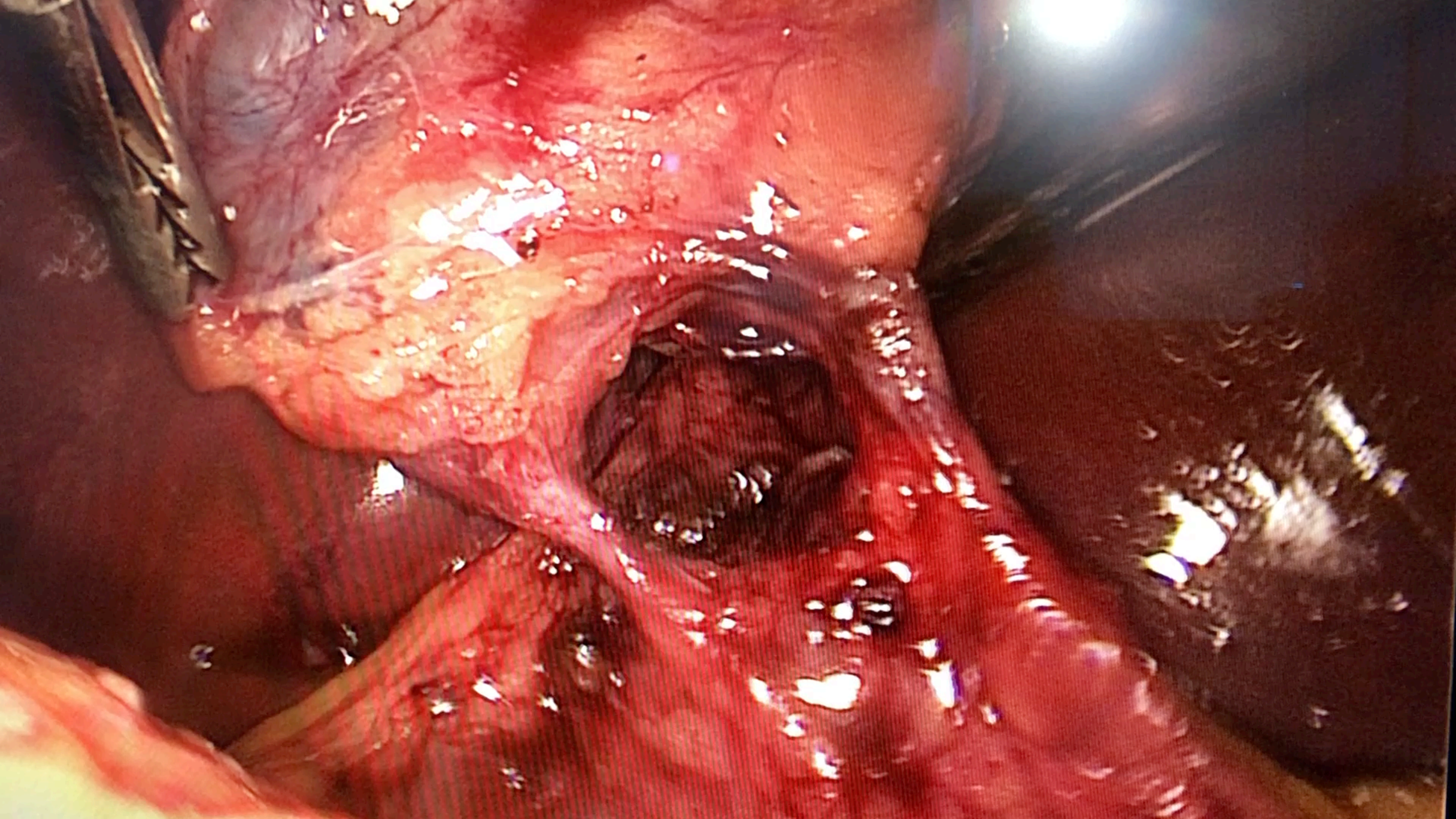


Patients and Methods

- Critical view of safety (CVS) was obtained in 33 cases by either stripping of the peritoneal and fibrofatty tissues in the hepato-cystic triangle after adhesolysis (16 cases), or gentle bunt dissection using the suction device (17 cases).,
- The rest of cases (27) were treated by (plan B) either:

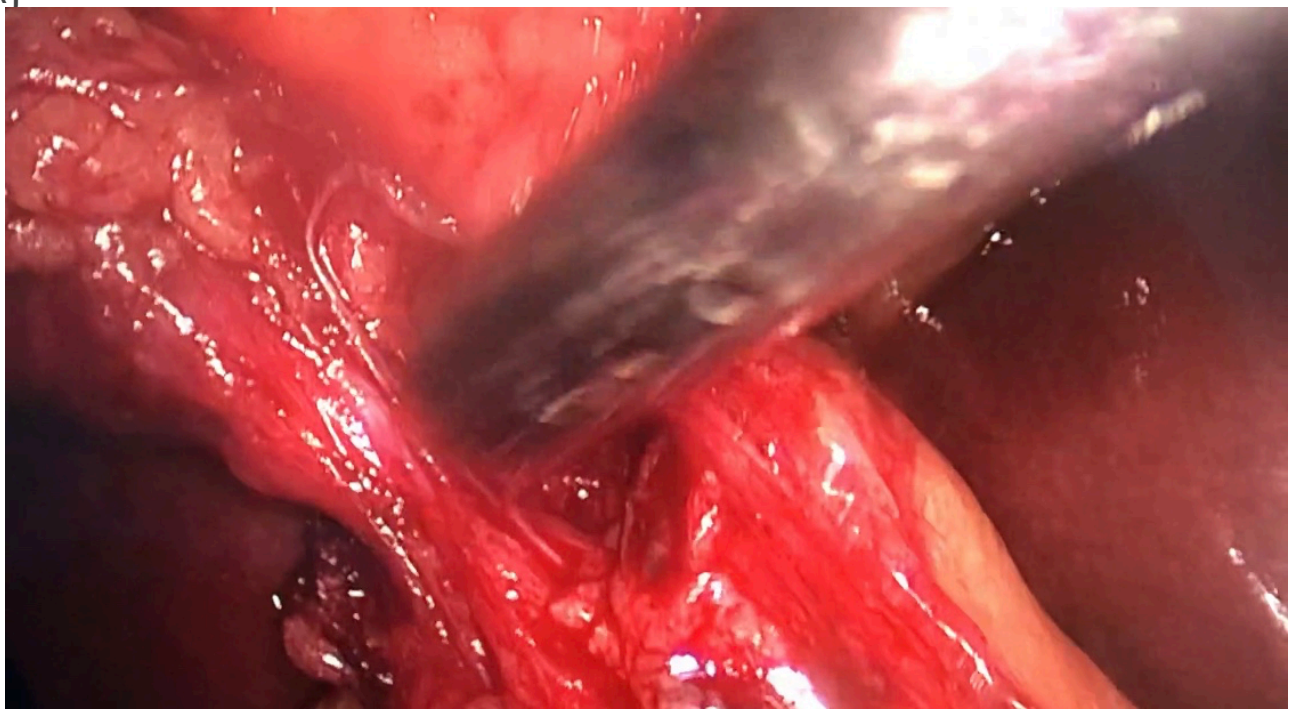
1-Subtotal cholecystectomy, leaving the posterior wall in cirrhotic liver or in extensive bleeding in (7 cases).

2-Partial cholecystectomy, leaving the Hartmann's pouch in cases with failure to get the CVS using either fundus first technique or body first cholecystectomy in (20 cases).



Blunt Dissection by the Suction Device

- Gentle blunt dissection to identify only two structures passing to the gall bladder {CD &CA}



Results

- The outcome was excellent as regards biliary tract injuries (0%), and there was no cases with bile leak postoperatively.
- Mild complications as wound infection treated with antibiotics (7%).
- The hospital stay ranged from (1-3) days with a mean of 24± 9h.
- Time to return to work ranged from (7-10 days) with a mean of 8± 1.5 days.

Conclusions

- Critical; view of safety {CVS} by identifying the entire choycysto-hepatic triangle is by far the safest technique adopted until now, however in difficult cases this CVS may be impossible to get even major injuries may be encountered before reaching to it.
- So, many other options are valid in such situation to avoid any patient harm (fundus first, blunt dissection, partial cholecystectomy or subtotal one leaving the posterior wall)
- With the advent of these options in difficult cases, the outcome can be improved with comparable results.