

A SAFE LAPAROSCOPIC CHOLECYSTECTOMY TECHNIQUE FOR PATIENTS WITH CIRRHOSIS

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INTRODUCTION: Laparoscopic cholecystectomy in patients with liver cirrhosis is now used commonly, but still associated with high rates of bleeding, infections, biliary fistula or conversion to open surgery. Surgical technique is very important to avoid these complications.

Here we describe our Laparoscopic Subtotal Cholecystectomy Technique : L S C T .

MATERIAL and METHODS : From 2013 to 2018: 52 patients Child A-B with symptomatic gallstones were operated with a standard 5 steps **L S C T**

Laparoscopic Subtotal Cholecystectomy Technique and cefuroxima 750mg IV prophylaxis.

RESULTS :

All patients completed the operation without major bleeding

0% conversions to open surgery.

Tranfusions were not required.

0% infections occurred in any of the 52 patients.

0% biliary fistulas.

Operative time ranged from 60-90 min.

In 6 patients (11.5%) liver function deteriorated slightly in the postoperative period but returned to normal in 1 week.

CONCLUSION: Our **5 STEPS TECHNIQUE** can be performed safely in patients with liver cirrhosis without major complication such as bleeding, biliary fistula or infections.

Surgical technique is one important issue to avoid major complications in patients with liver cirrhosis.

Laparoscopic Subtotal Cholecystectomy Technique : **LSCT**

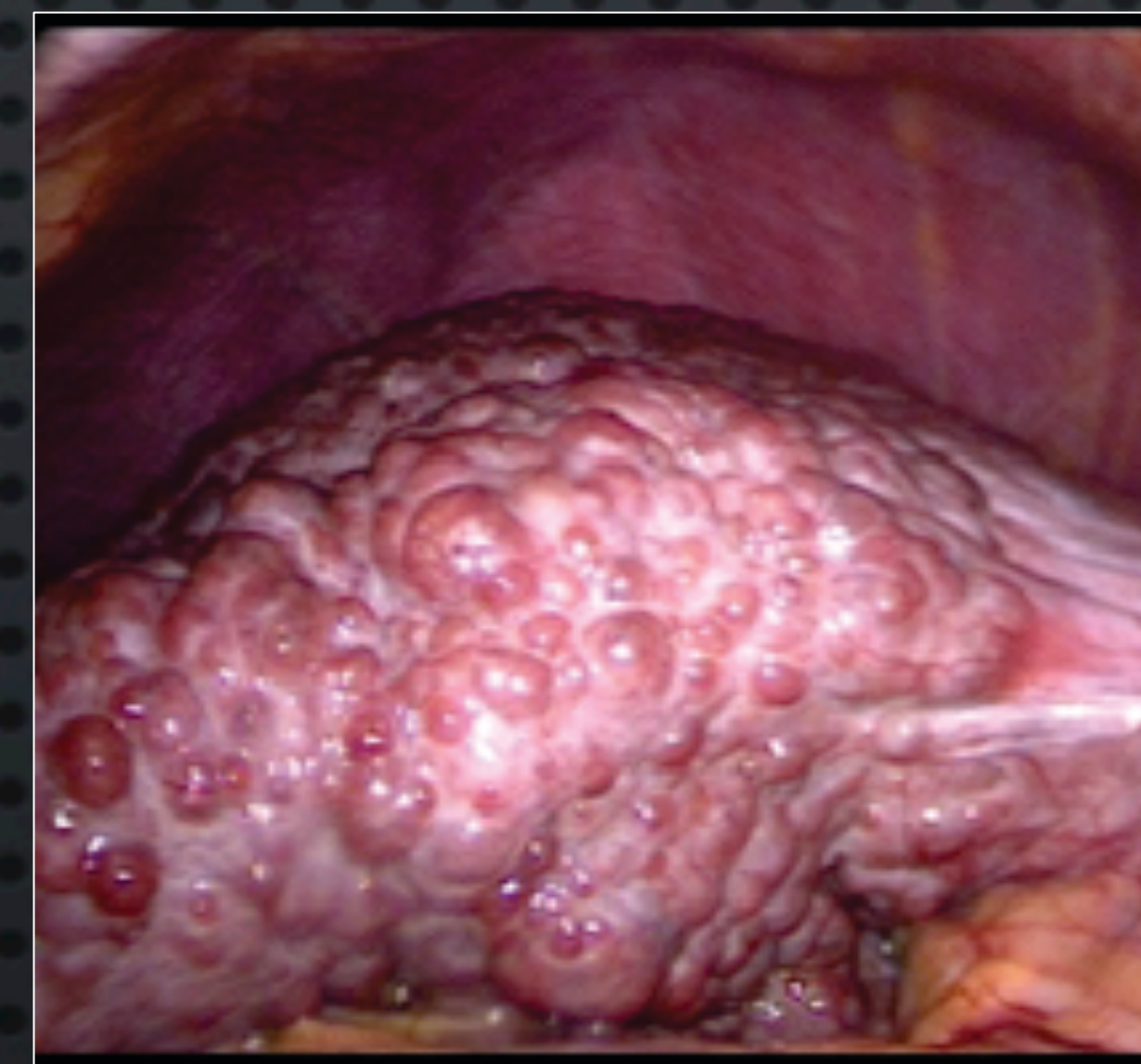
1 STEP: Camera trocar under the umbilicus with Hasson technique, 2nd subxiphoid trocar/ 10mm right de midline, 3-4th under direct vision lateral to avoid collateral vessels.

2 STEP: Retraction to acces hepatocystic triangle, carefully dissection with electrocoagulation hook or armonic scalpel (AS) to control small collateral vessels over cystic duct and artery. Placement of 2 proximal clips for each structure.

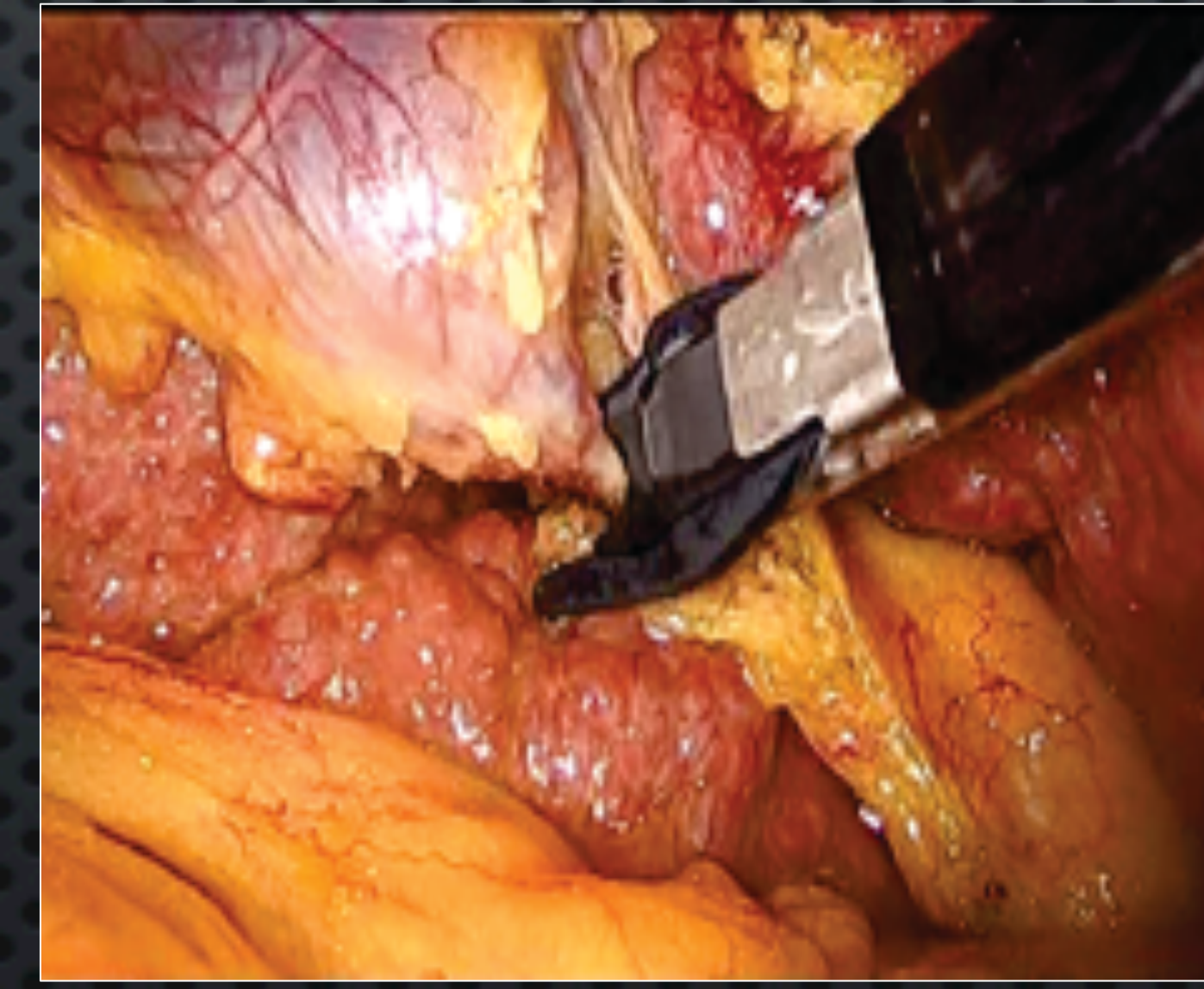
3 STEP: Opening the gallblader at Hartmann ´s pouch with AS and retrieving calculous and bile in endobag. Complete a subtotal cholecystectomy with AS leaving the posterior wall athatched to the liver bed to avoid bleeding.

4 STEP: Mucosal ablation of the posterior wall of the gallblader with electrofulguration hook. Removal of endobag and all its contents, and warm irrigation of the liver bed.

5 STEP: Carefully closing all the wounds to avoid ascitis leaking in the postoperative period and avoid drains.



1 STEP



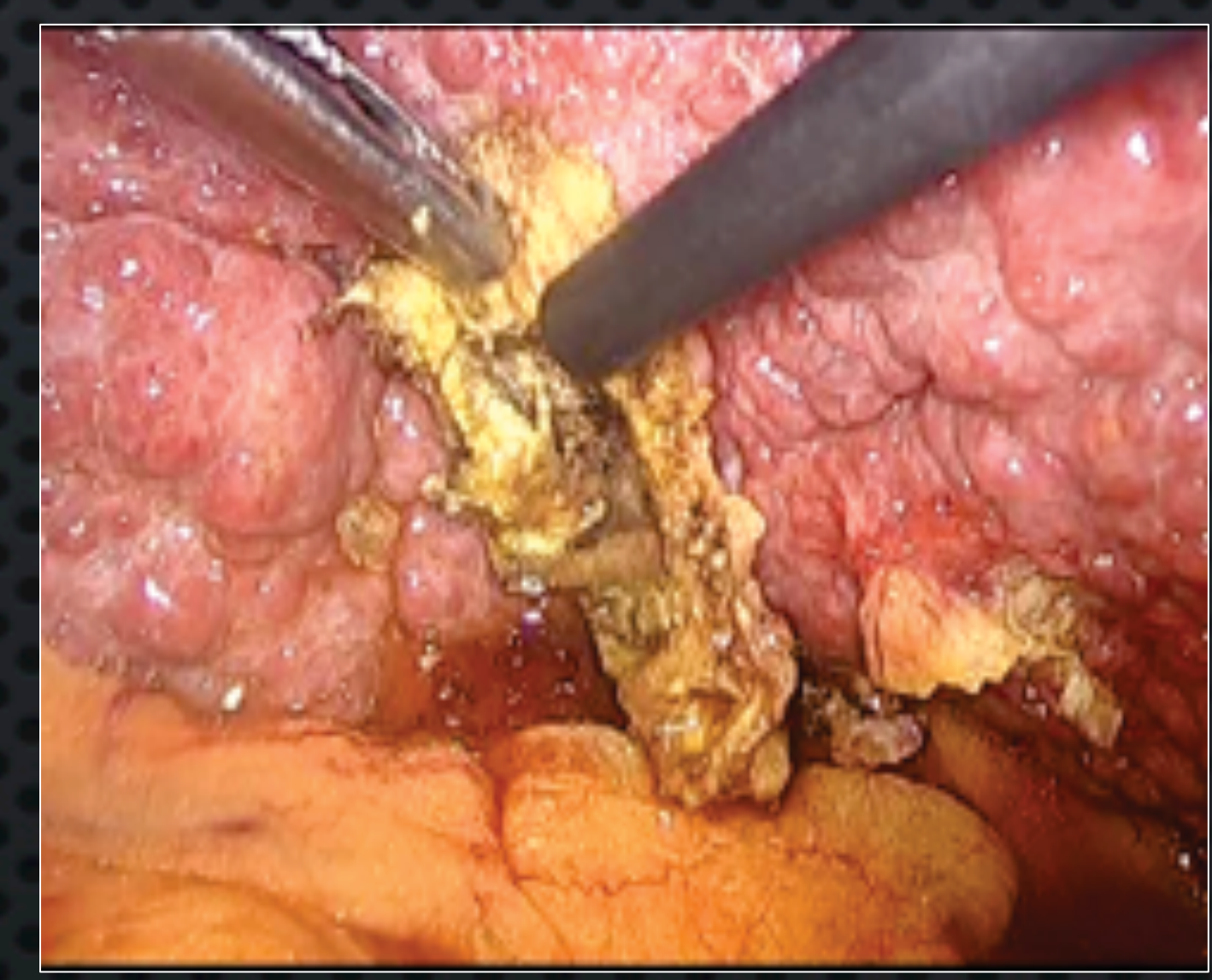
2 STEP



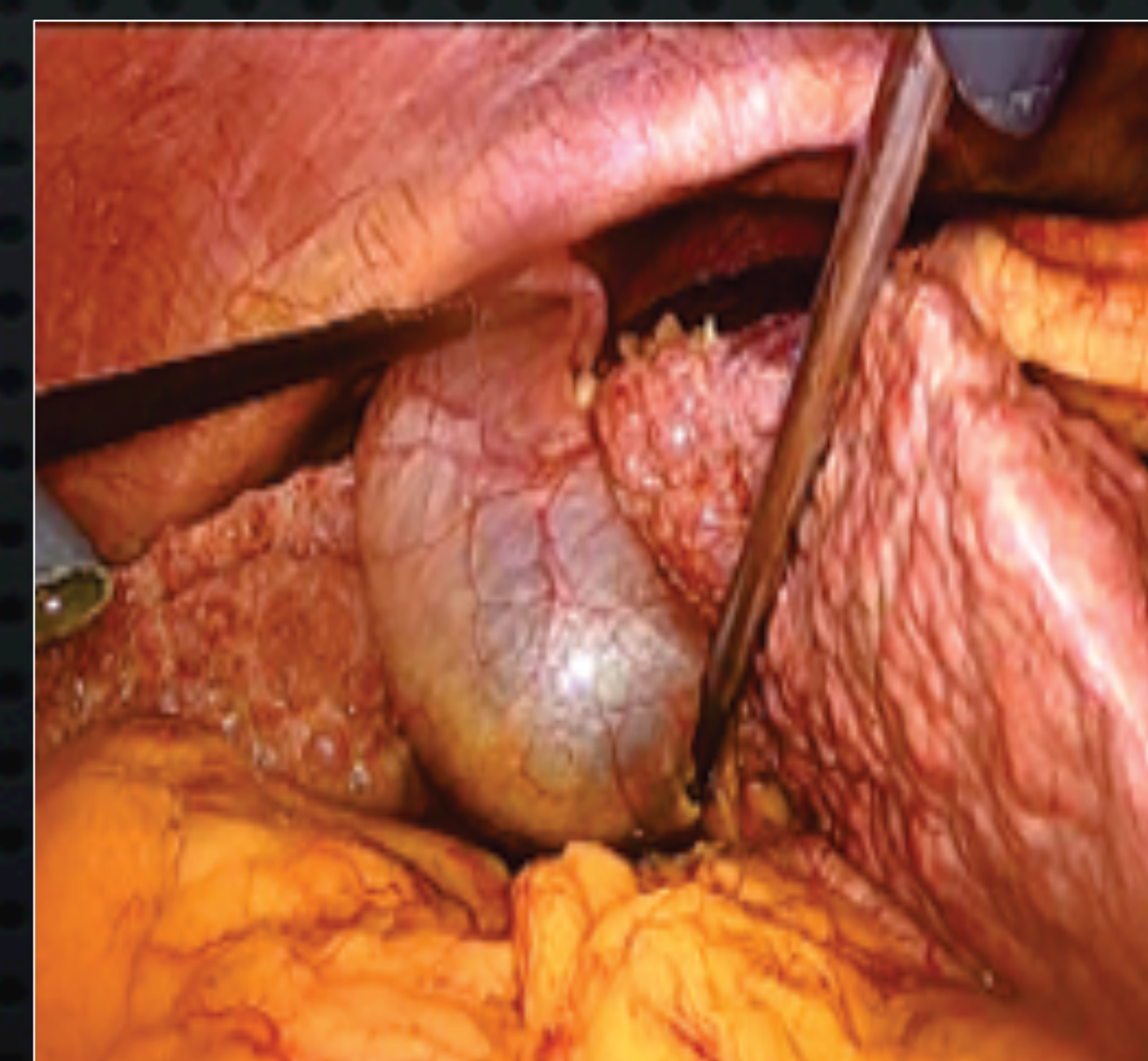
3 STEP



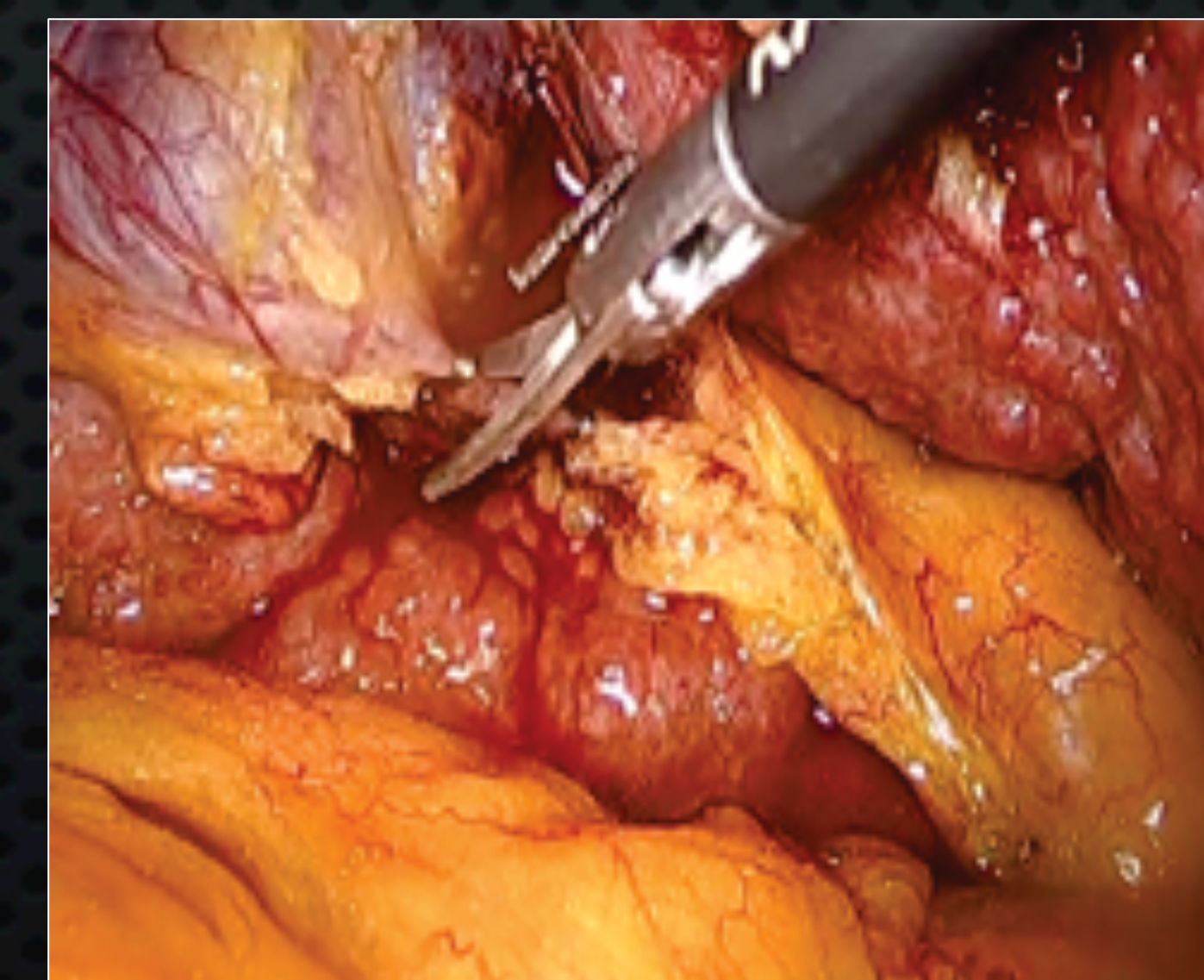
3 STEP



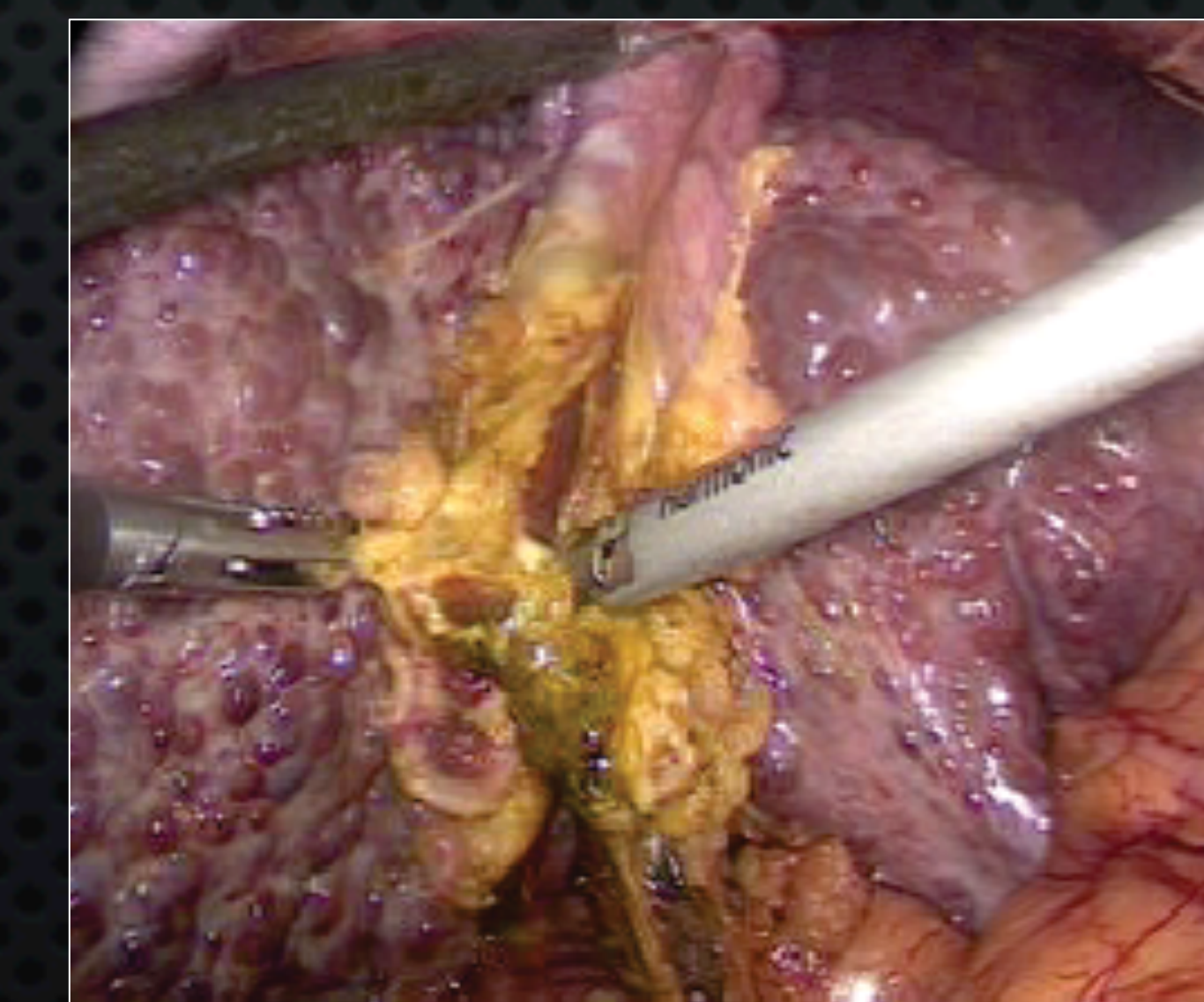
4 STEP



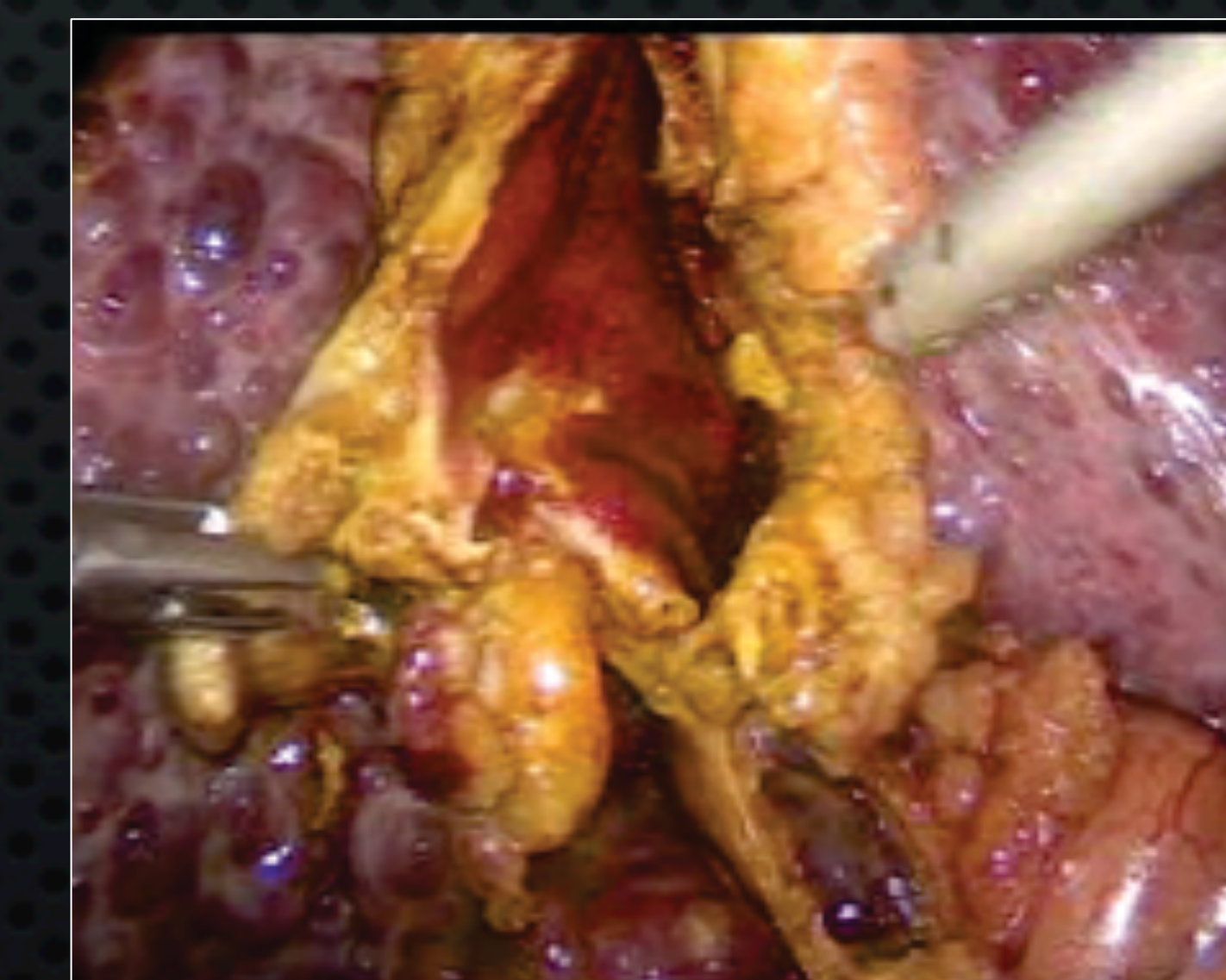
1 STEP



2 STEP



3 STEP



3 STEP



4 STEP