Technique of critical view of safety for acute cholecystitis cases during laparoscopic cholecystectomy

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- **Introduction:**
- Edema and inflammation due to acute cholecystitis make it difficult to determine the biliary tract anatomy during laparoscopic cholecystectomy. Therefore, in these cases, surgery is delayed until the inflammation resolves. However, in cases such as biliary pancreatitis, early laparoscopic cholecystectomy may be required. Technique of critical view of safety technique applied in laparoscopic cholecystectomy in non-acute cases reduces bile duct injury. In this study, it was investigated whether Technique of critical view of safety technique can be applied safely in acute cholecystitis.
- **Matherial and methods:**
- Laparoscopic cholecystectomy was applied to forty-two patients who applied for acute cholecystitis. Patients who applied for acute cholecystitis were divided into two groups: those who were operated in the first 72 hours and those who were operated after 6 weeks. 26 cases of them were female and 16 of them were male. Fifteen cases were operated within the first 72 hours. Twenty-seven cases were operated 6 weeks after medical treatment. The applicability of the critical view safety technique during the laparoscopic cholecystectomy, hospitalization times, the rate of complications, and the rate of conversion to open technique were compared between the groups.
- **Results:**
- There was no statistical difference between the groups in terms of demographic data ($p>0.05$). The operating times were slightly longer in patients who underwent surgery in the first 72 hours ($p<0.05$). In one case in those underwent surgery in the first 72 hours group was not established critical vision safety and the first fundus technique was applied. In the first group, the structures within the hepatocystic triangles could not be revealed in one patient and the open procedure was converted. In the first group, hospitalization time were longer. There was no statistical difference between the groups in terms of postoperative complications except wound infection ($p>0.05$). Wound infection was more observed in the first group ($p<0.05$). laparoscopic cholecystectomy was performed without any problems in 2 cases of gallbladder empyema in the first group. Total hospital stay was significantly longer in the second group ($p<0.05$).
- **Conclusion:**
- In acute cholecystitis cases, critical viw of safety tecnique during laparoscopic cholecystectomy can be performed safely in the first 72 hours. However, wound infection rates are increasing in this cases. Delayed laparoscopic cholecystectomy is more safe, but the total length of hospital stay is longer.