Myriad benefits of Bikini scarless laparoscopic cholecystectomy for morbid obesity as a day case - Randomized clinical trial.

Bassem SIEDA, MD[1], Abdullah ALMUNIFI, MD[2]

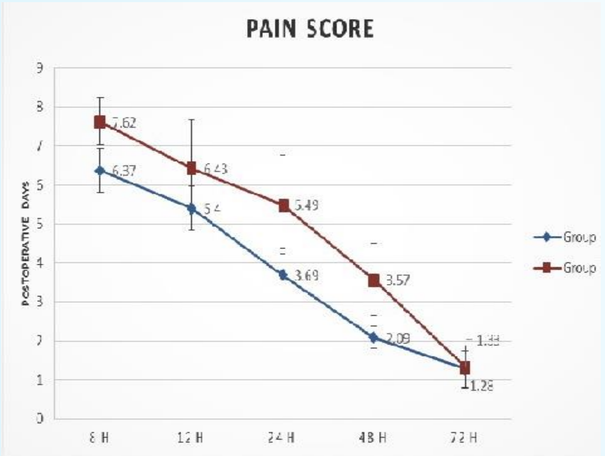
1 General surgery department, faculty of medicine, zagazig university hospitals, Egypt

2 Department of Surgery, faculty of medicine, Majmaah University, Majmaah 11952, Saudi Arabia

Background and Objectives

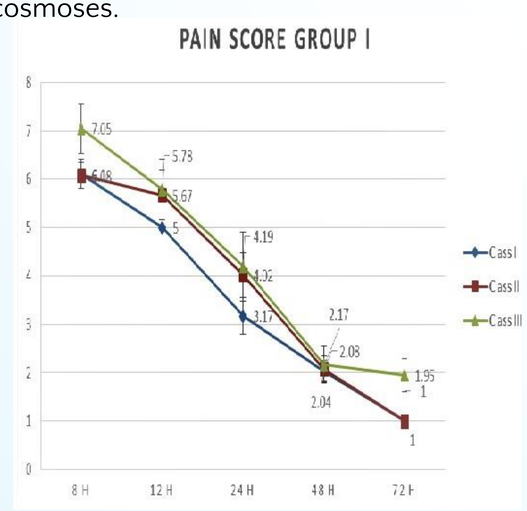
Bikini line laparoscopic cholecystectomy (BLLC)is a safe method, used as a scarless cosmetic port technique for gall bladder diseases in morbid obese patients as a day case.

This study aimed to investigate the safety and efficacy of an elective BLLC in morbid obese patients with chronic calculous cholecystitis and review our experience with BLLC as a day case minimal invasive, scarless technique.



Introduction

Laparoscopic cholecystectomy utilizes 3 to 4 ports with questionable cosmetic outcomes. We issued modifications to minimize the number of ports and modify port sites, using the BLLC as a cosmetic and hidden scar laparoscopy for obese patients concerned with aesthetic results and body image. The main impetus behind modifying the procedure and ports is a perceived benefit of superior cosmetic outcome. The rationale is to avoid the painful umbilical port, infection at the epigastric port and encourage faster recovery by improving the cosmoses.



Patient and Method

A Prospective randomized controlled trial study. 416 were analyzed, 216 patients underwent multi-port laparoscopic cholecystectomy, and 200 patients underwent BLLC at two institutes.

Procedures were performed under general anesthesia, and most of the cases underwent day-case surgery. The variables to be analyzed were operative time, the success of day case and length of stay, conversion rate, complications, pain scoring, and aesthetic results. BMI fell to between 30 to 40kg/m.

The work has been reported in line with Consolidated Standards of Reporting Trials (CONSORT) Guidelines.

Results

No differences were found between both groups regarding the baseline characteristics. BLLC achieved the target of a day case surgery with better, faster recovery and reduced length of stay. Operative time was nearly the same, postoperative pain was significantly lower, and Cosmoses was better.

Conclusion

BLLC is a technically safe and effective day surgery procedure for chronic cholecystitis patients, with higher patient satisfaction regarding pain and cosmoses. Obesity, intended as BMI 40, is not an obstacle to the technical feasibility of BLLC.

