

Initial experience with disposable single-use cholangioscope during laparoscopic common bile duct exploration

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BACKGROUND

- Laparoscopic common bile duct exploration (LCBDE) is more cost-effective than endoscopic retrograde cholangiopancreatography (ERCP)[1,2]
- LCBDE can be technically challenging to perform[3]
- Disposable single-use cholangioscope (DSUC) for LCBDE can lower the learning curve [4]
- Advantages of DSUC:
  - avoid choledochotomy
  - does not require infrastructure for cleaning, maintenance, or service
  - sterile and can be used on operative field

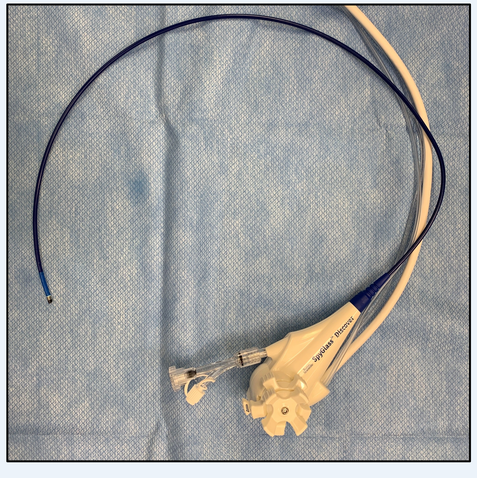
METHODS

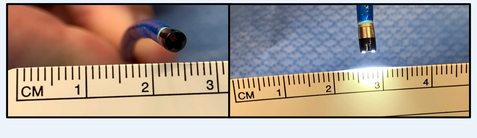
- Retrospective chart review at a single academic medical center from January 2021 to August 2022
- Adults aged 18 years old or older
- concurrent minimally invasive cholecystectomy and LCBDE with DSUC for management of choledocholithiasis as seen on preoperative or intraoperative imaging

RESULTS

Sociodemographics	N=8
Mean Age	57.5 (SD ± 14.5)
Male	25%
Mean Operative Time (min)	199 (SD ± 66.4)
Complete Stone Clearance Achieved	**100%**
Mean Length of Stay (days)	2 (SD ± 0.93)
Mean Follow-Up (days)	24 (SD ± 18.0)
Intraoperative Complications	**0%**
Postoperative Complications	**0%**

- one patient had benign ampullary stenosis with no choledocholithiasis
- another patient had benign-appearing stricture of the distal biliary tree with sludge and no choledocholithiasis







CONCLUSIONS

- LCBDE with DSUC is safe and efficacious for clearing biliary stones and identifying pathology of the common bile duct
- DSUC is useful for surgeons that want to simultaneously manage choledocholithiasis at the same time as cholecystectomy

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