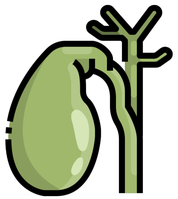
Laparoscopic partial cholecystectomy for challenging gallblader: An alternate approach.

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Background

Laparoscopic cholecystectomy (LC) is the gold standard treatment for gallstone disease, being the most frequent procedure performed in acute cholecystitis. Strasberg's critical view of safety is a key point while performing LC.



Notwithstanding, when it cannot be obtained conversion and partial cholecystectomies must be considered. In terms of safety and efficacy of partial LC evidence is still scarce.

Objective

We aimed to describe and introduce an alternate technique for partial LC.



Methods and Results

Retrospective review of a prospectively collected database

11 PATIENTS

All with cholecystitis

5 Tokyo I

6 Tokyo II

2 required Previous cholecystostomy

Intraoperative Findings

!00 % Parkland V
100 % Nassar IV

All underwent Alternate technique for partial LC

Technique: Extraction of gallstones by opening of gallbladder, with posterior identification of cystic duct ostium and closure with long-term absorbable suture. Most gallbladder tissue is removed if possible. Remnant tissue is cauterized.

Results (continued)

Follow-up. 30 days



In-hospital stay 5,36 days (+-1,62)

3 patients developed mild complications (Clavien-Dindo I).



0% Common bile duct injury, surgical site infection nor lymphocele.
No readmissions.

0% Mortality

Conclusions

This alternate surgical technique of partial LC seems to be a feasible and safe approach for difficult LC with 0% conversion rate and good results in 30 days follow-up. Prospective studies are required to validate our results.