Subtotal or Partial Cholecystectomy with Mucosal Removal or Ablation: A Retrospective Analysis

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～Background～

- **Laparoscopic cholecystectomy**: Standard surgical procedure worldwide.
- **Expanded indications**: From non-inflammatory cases (cholelithiasis, adenomyomatosis) to cholecystitis with severe inflammation.
- **Surgery difficulty**: Varies with nflammation degree, requiring flexible responses and techniques.

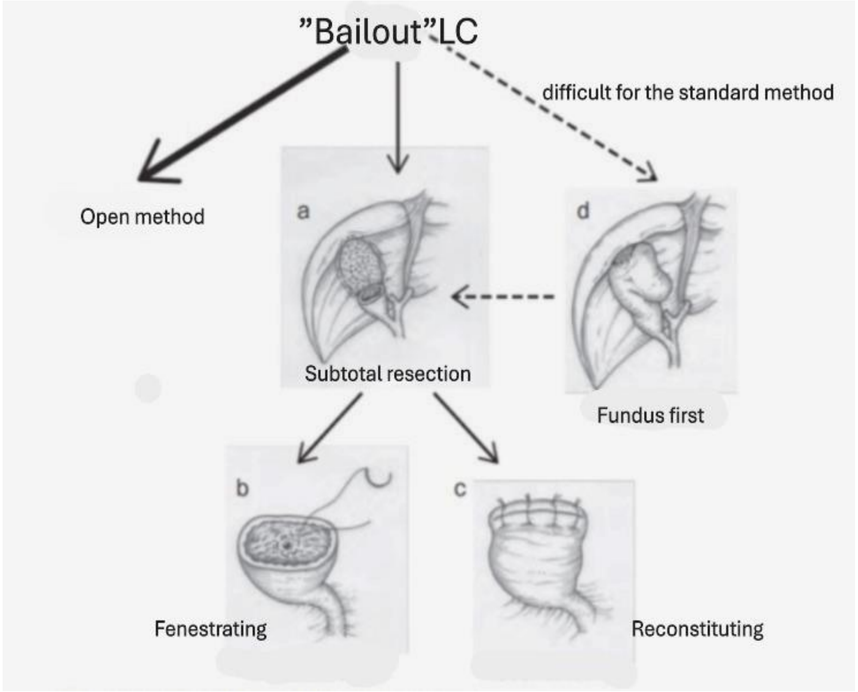
～Objectives～

To examine the waiting days from onset to surgery.
To evaluate approach methods and complications.
To assess postoperative hospital stay.

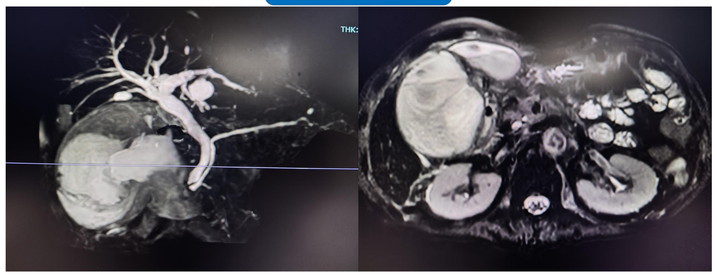
～Methods～

Study period: January 2023 - May 2024.
Cases involved: 22 subtotal/partial cholecystectomies with mucosal removal or ablation.
Age:Mean73.6 (31-98)
Surgery technique:
Two 5mm ports through umbilical incision.
One or two additional 5mm ports.
One 10mm port.

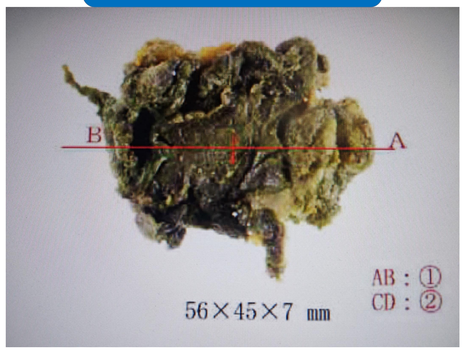
Data examined:
Waiting days from onset to surgery.
Approach methods.
Complications.
Postoperative hospital stay.



MRI



Resected specimen



～Results(1) ～

Complications:
No postoperative biliary peritonitis or wound infection.
Two cases of bile leakage. Endoscopic treatment was needed and recovered without surgical treatment.

- **Waiting days until surgery**: Mean 4.5 days (range 1-21 days).
- **Laparoscopic completion**: All cases completed laparoscopically without conversion to open surgery.

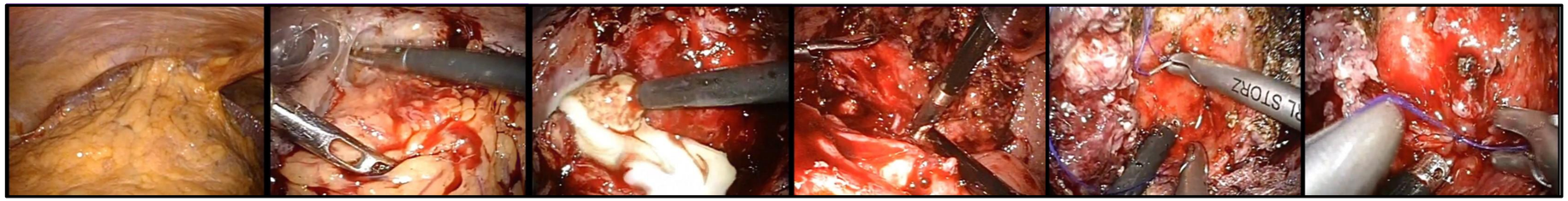
～Results (2) & Discussion～

- **Postoperative stay:** Mean 12.5 days (range 5-21days)

Age: Mean73.6 (31-98)

- **Influence of elderly patients**: Affected postoperative hospital stay data due to ongoing internal medical conditions and reduced physical strength.

Severe adhesion | Resection of adhesion | Pus exdate | Resection of anterior gallbladder | Cystic duct suturing



～Conclusion～

- **Preceding medical treatment**: Tendency for longer waiting days, but did not lead to conversion to open surgery.
- **Subtotal cholecystectomy**: Allowed laparoscopic completion even in difficult cases, avoiding fatal complications.

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