One-Step Laparoscopic-Endoscopic Management Using the Rendezvous Technique for Cholecystocholedocholithiasis

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Introduction

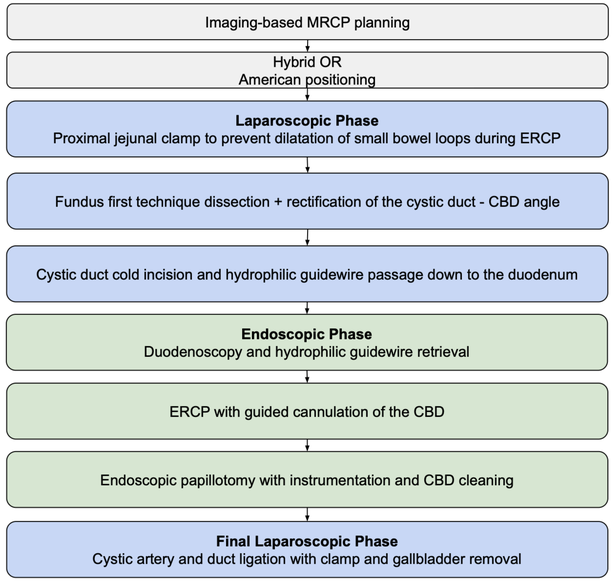
- Cholelithiasis with concomitant choledocholithiasis poses a clinical challenge, requiring a multidisciplinary approach
- The standard treatment involves sequential ERCP and laparoscopic cholecystectomy, often performed separately by different teams, including gastroenterologist and general surgeons
- This approach can lead to longer hospital stays, higher costs, and complications, including post-ERCP pancreatitis
- The Rendezvous technique, first described by Dr. Michel Gagner *et al.* in 1993, combines intraoperative ERCP with laparoscopic cholecystectomy, offering a "one-step" solution done by the surgical team

Objective

- To evaluate the feasibility, safety, and outcomes of the Rendezvous technique for the management of cholelithiasis with choledocholithiasis in a Latin American setting, specifically in two private, non-academic institutions

Methods

- Timeframe: January 2014 to July 2023
- N = 250 patients who underwent laparoscopic cholecystectomy combined with intraoperative ERCP (Rendezvous technique)
- Patient demographics, preoperative characteristics, intraoperative details, and postoperative outcomes were retrospectively collected
- All procedures were perfomed by the same surgical teams following a standardized Rendezvous technique

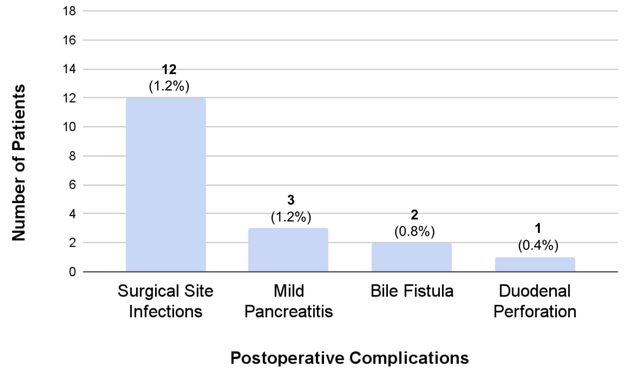


Results

Preoperative Characteristics	*n (%), median (IQR)*
Age (years)	54 (28 - 74)
Female	183 (73)
Male	67 (27)
ASA	
ASA I	42 (17)
ASA II	200 (80)
ASA III	8 (3)

Intraoperative Details	*n (%), mean ± SD*
Operative time (min)	105 ± 15
Conversion to open surgery	3 (1.2)
Technical difficulties	3 (100)

Postoperative Outcomes	*n (%), median (IQR)*
Complete resolution of CBD stones	233 (93)
Second ERCP	17 (7)
Overall postoperative complications	18 (8)
Length of hospital stay (days)	1.5 (1 - 5)
Operative mortality	2 (0.8)
Non-surgical causes	2 (100)



Conclusion

- The Rendezvous technique is a safe and effective one-step approach for managing cholecystocholedocholithiasis in a multidisciplinary setting.
- This method achieves high stone clearance rates with acceptable morbidity and mortality, supporting its reproducibility in clinical practice.
- The standardization of the surgical sequence is essential to optimize outcomes and minimize complications.
- Hybrid operating rooms, equipped for both endoscopic and laparoscopic procedures, provide an ideal setting, further enhancing safety and efficiency.