Laparoscopic completion cholecystectomy for patients with residual gallbladder stump stone, Is it feasible?

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Background

- Residual gallbladder / cystic duct stump after cholecystectomy occurs in up to 2.5% of cases
- Retained stones in the remnant can cause recurrent biliary symptoms (pain, cholangitis, jaundice)
- Surgical excision (completion cholecystectomy) is recommended
- Open surgery has been traditional, but laparoscopic approach is increasingly reported

Objectives

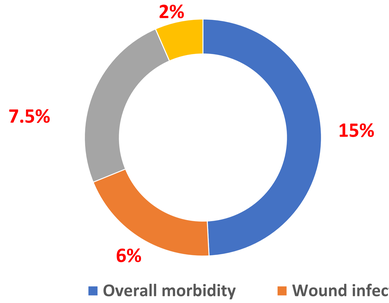
- Evaluate feasibility, safety, and outcomes of laparoscopic completion cholecystectomy in a tertiary center

Methods

- Retrospective review of 54 patients with symptomatic residual gallbladder / cystic duct stump stones
- All managed laparoscopically in a tertiary hepatobiliary unit
- Data collected: preoperative diagnosis, previous cholecystectomy type (open vs. laparoscopic), intraoperative findings, operative time, blood loss, conversion rate, hospital stay, complications
- Follow-up: clinical and imaging assessment for recurrence or complications

Patient & Operative Characteristics

Operative Characteristics	
• Number of patients	54 years
• Time since previous cholecystectomy	3 – 120 months
• Previous approach	Open: 55% Laparoscopic: 45%
• Residual site	Gallbladder stump: 87.5% Cystic duct stump: 12.5%
• Conversion to open	2 cases (3.7%)
• Operative time	60 – 130 min (mean 108.83 min)
• Intraoperative blood loss	50 – 150 mL (mean 111.88 mL)
• Hospital stay	1 – 4 days (median 1 day)



Results

Operative Oucome

- All complications managed conservatively
- No mortality, no bile leak, no reoperation required
- No specific risk factors for morbidity identified

Conclusions

- Laparoscopic completion cholecystectomy is safe, feasible, and effective for managing symptomatic residual gallbladder / cystic duct stump stones when performed in experienced hepatobiliary centers.
- Low conversion rate (3.7%), short hospital stay (median 1 day), and acceptable morbidity (14.8%, all conservative) support its use as the preferred approach.
- Take-home message Experienced laparoscopic surgery should be the standard for residual stump stones after cholecystectomy.

References

- Booij K, et al. Surg Endosc. 2019;33(5):1394–1401.