Indocyanine Green Fluorescence Cholangiography for Laparoscopic Cholecystectomy in Patients With Cholecystostomy: A Case Series

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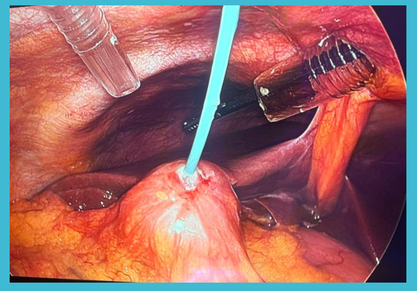
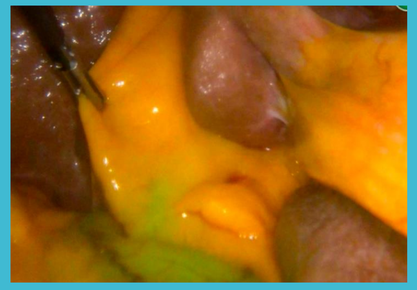
Introduction

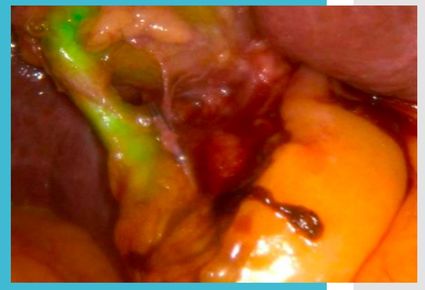
- Prevalence of approximately 4% (5.3 women/2.6 men).
- Bile duct injury is rare 0.4-1.4% but very serious.
- Indocyanine green (IG) is a useful tool that reduces the complication rate in difficult gallbladders.
- The use of cholecystostomy in Tokyo III is between 6 and 30%.
- When draining directly into the gallbladder. Why not use it as a vehicle to apply IG?

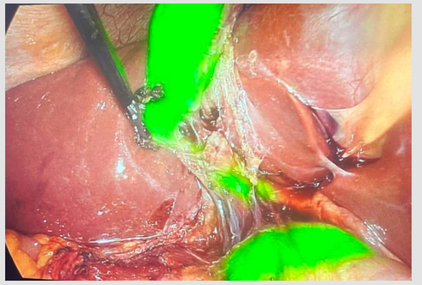
Results and Methods

• Series of cases involving 6 patients undergoing cholecystostomy – Tokyo III cholecystitis.
• Laparoscopic cholecystectomy IG – cholangiography through drain 2.5 mg (anaesthetic induction)
• October 2024 – May 2025










6 hours


3-5 days


Complete


< 2 hours

Conclusions

- Useful for safe dissection in difficult cholecystectomies.
- Better visualisation and no latency as there is no hepatic metabolism.
- The method is simple, easy to perform and saves surgical time.
- We must standardise the timing and appropriate dose for optimal visualisation.

References