

ELECTIVE SUBTOTAL LAPAROSCOPIC CHOLECYSTECTOMY: A SYSTEMATIC APPROACH

Stig Therkelsen, MD PhD; Peter I Rancinger, MD; Ghous G Gondal, MD PhD; Tom Nordby MD PhD
Sykehuset Oestfold, Norway

Introduction: Laparoscopic cholecystectomy is a common procedure, performed electively in approximately 300 patients annually in our department. In order to ensure quality and safety, we developed and implemented a standardized method for elective subtotal laparoscopic cholecystectomy.

Methods: We retrospectively reviewed records of all patients undergoing laparoscopic cholecystectomy between January 2014 and January 2025. Patients treated with subtotal cholecystectomy were identified, and perioperative data and outcomes were analyzed.

Results: Out of 3,000 elective patients, 117 (3.9%) underwent subtotal cholecystectomy. The mean age was 58 years, 52% were male, and the mean BMI was 30. The mean ASA score was 2. Prophylactic antibiotics were administered in 83% of patients. In all cases, the gallbladder wall was incised above the infundibulum. Stones were retrieved with an endobag through separate access, and the infundibulum was inspected to the cystic duct. The infundibulum was closed with an endoloop, with posterior wall resection performed in 60%. The rest of the fundus was removed. Eight patients (6.8%) developed complications graded $\geq 3b$ according to the Clavien–Dindo classification; three required laparoscopic intervention due to bile leakage from the resection area, three developed hematoma which was treated with drainage. Two patients were suspected of cystic damage and had an ERCP. The mean hospital stay was 1.5 days.

Conclusion: Implementation of a standardized subtotal laparoscopic cholecystectomy technique resulted in low complication rates and short hospital stays. Active involvement of senior consultants during difficult cases contributed to the safety and feasibility of this approach.

