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Comparisons of laparoscopic cholecystectomy after gastrectomy and other non-resectional gastroduodenal operations

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Purpose:

Laparoscopic cholecystectomy (LC) is now a standard operation for benign gall bladder (GB) diseases. However, performing LC after gastroduodenal operation has been regarded as relative contraindications because of significant high complications including open conversion rates. Purpose of this study is to know whether difficulty of laparoscopic cholecystectomy and its clinical result are differently represented by comparing a group that shows change in anatomical structure by performing gastrectomy and other group that shows no change in anatomical structure by performing non resectional gastroduodenal operation

Methods:

From April 2008 to March 2016, we performed LC consecutively for all 31 patients who have had episodes of previous gastroduodenal operation and compared the clinical results according to each methods of previous operation. Nineteen patients taken gastrectomy and 12 patients taken non-resectional gastroduodenal operation were enrolled in this study. LC was performed by one experienced surgeon with our institutional methods; infraumbilical open-trocar insertion beyond scar and step by step additional trocar insertion for adhesiolysis.

Results:

There were 7 symptomatic GB stone with chronic cholecystitis, 20 acute cholecystitis, and 4 empyematous cholecystitis with GB wall necrosis. LC was completed in 30 patients (96.7%). Most of them were recorded with video clip during operation. The operation time of LC ranged 60 to 245 minutes, with a mean of 154 minutes. There were 3 cases of operation related complication including one case of open conversion due to small bowel injury. Other operation related complication was postoperative bile leak from cystic duct stump and wound seroma. The open conversion rate was 3.2% and the overall complication rate was 9.6%. There were no major complications. There were no statistical differences in severity of cholecystitis, grade of adhesion, operation time, post-operative hospital stay, administrations of pain killer between 2 groups ($p > 0.05$). Operation time was correlated with grade of adhesion but not previous types of operation ($r=0.37$ $P=0.04$).

Conclusion:

In our study, we conclude that the severity of adhesion is more influential to perform LC than the presence of acute cholecystitis and previous types of gastric operation. Even though adhesion is major obstacle in LC, but performed with adequate method, LC is a feasible and safe operation regardless type of previous gastroduodenal operation