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New ports placement for robotic cholecystectomy

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Introduction: Since advantages of robotic surgery is being more emphasized, robotic cholecystectomy (RC) cases are increasing. Ajou group had introduced a method called which technique places the trocars transversally on the bikini line and it makes cosmesis and pain beneficial. However, RC with low incision port has several limitations. Therefore, we changed port placement which may be a one of safe techniques for RC.

Method: This study retrospectively reviewed data for patients who received RC with port changing method (RCPC, n=33) and RC with low incision port (RCLI, n=81) from February 2016-February 2017 and surgical variables were analyzed.

Results: Patients in both groups had similar demographic features and indications for surgery. The RCPC group required no conversions to conventional robotic surgery and no additional operation, whereas the RCLI group had one incisional hernia (1.2%) and two bowel perforation (2.4%) cases. Length of stay (4.29 ± 0.72 vs. 5.13 ± 0.93 days, respectively; $p = 0.123$) did not significantly differ between the RCPC and SCLI groups. However, the RCPC group had shorter operative time (71.30 ± 48.88 vs. 74.70 ± 30.16 minutes; $p = 0.772$) than the RCLI group, although the parameters mentioned above were not statistically significant.

Conclusion: Robotic cholecystectomy with bikini line incision has some limitations even though it has cosmetic benefits. Whereas robotic surgery with changing port method is one of safe and feasible procedures for performing robotic cholecystectomy. Also nothing more to say that it gains cosmesis effect and escapes complications.