



Complications of Laparoscopic Cholecystectomy and Its Management

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ABSTRACT

Objective: To determine frequency of various complications associated with laparoscopic cholecystectomy and various modes of its management.

Study design & duration: This is a cross sectional study started in January 2018 and completed in August 2018 consisted on total duration of 8 months.

Setting: Study was conducted in general surgery ward of Nishter Hospital Multan

Patients and methods: Total 100 cases were included in this, which were admitted in the ward for laparoscopic cholecystectomy due to cholelithiasis. Both male and female cases irrespective of their age were included in the study. These cases were admitted via OPD. After getting all necessary investigations diagnosis was confirmed and they were planned for laparoscopic cholecystectomy. Those planned for open cholecystectomy were not included. All relevant data such as age, gender, diagnosis, history and important points of physical examination were documented properly. Anesthesia fitness of all cases was taken before operation. These cases were retained in the ward for 2-10 days.

Results: Total 100 cases were included in this study. There were 5 cases having age 20-30 years, 30 cases were between 31-40 years age, 40 cases were between 41-50 years age, 15 cases between 51-60 years and 10 cases having age above 60 years. Out of 100 cases 6 cases got complications in laparoscopic cholecystectomy. Partial injury to CBD occurred in 4(4%) cases, partial injury to CHD occurred in one case and complete transaction of CBD happened in one case. Modes of treatment were laparotomy and T-tube insertion, placing drain usg guided.

Conclusion: Laparoscopic cholecystectomy is modern technique with minimum complications and more successful in modern world. Minimum dissection of soft tissues and good exposure.

Key Words: Laparoscopy, Cholecystectomy, common bile duct, common hepatic duct, bile duct injury

INTRODUCTION

Cholecystectomy means removal of gall bladder. It has two types open cholecystectomy or laparoscopic cholecystectomy. There are different indications of this procedure. Cholecystectomy is done In symptomatic cholelithiasis, carcinoma of gall bladder, gangrenous bladder, emphysematous gall bladder or porcelain gall bladder. In open method incision is given which may lead to more complications after operation such as wound infection and wound dehiscence etc. In laparoscopic method only small openings for ports are made and no big incision is given hence chances of wound infection are very low. This method is more successful than open technique. In developed and developing countries laparoscopy is being practiced much. This procedure besides its benefits also has some serious complications such as injury of CBD and CHD. In this way laparotomy is done and CBD and CHD are repaired and T-tube is placed. These complications may become much serious than expected and may be lethal if neglected. In this study out of 100 cases only six cases got complications.

Patients and methods

This is a cross sectional study completed in a duration of seven months. Total 100 cases were included in this, which were admitted in the ward for laparoscopic cholecystectomy due to cholelithiasis. Both male and female cases irrespective of their age were included in the study. These cases were admitted via OPD. After getting all necessary investigations diagnosis was confirmed and they were planned for laparoscopic cholecystectomy. Cholecystectomy means removal of gall bladder. It has two types open cholecystectomy or laparoscopic cholecystectomy. There are different indications of this procedure. Cholecystectomy is done In symptomatic cholelithiasis, carcinoma of gall bladder, gangrenous bladder, emphysematous gall bladder or

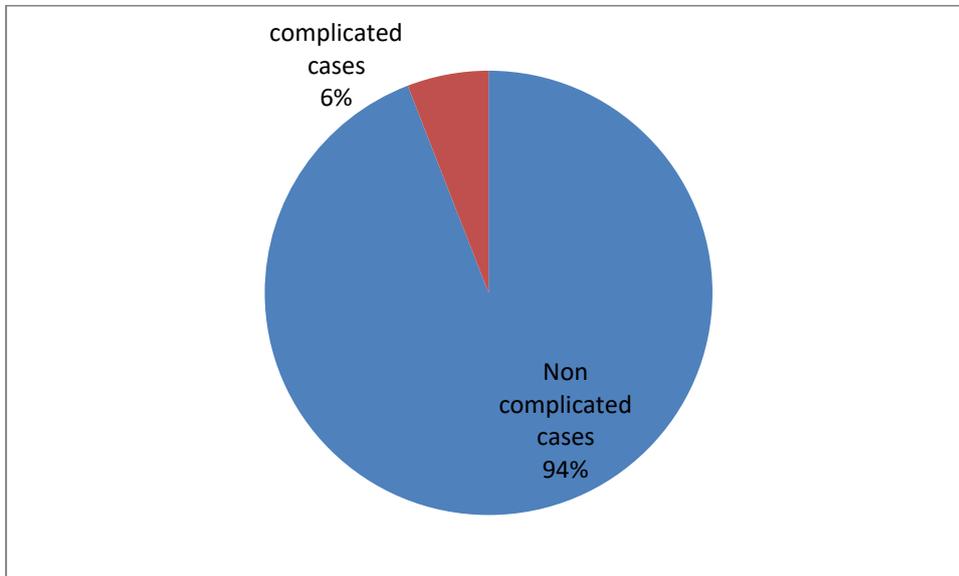


porcelain gall bladder. Those planned for open cholecystectomy were not included. All relevant data such as age, gender, diagnosis, history and important points of physical examination were documented properly. Anesthesia fitness of all cases was taken before operation. These cases were retained in the ward for 2-10 days. Consent was taken from all cases. Data was analyzed using Microsoft office software. P value was less than 0.05. Results were expressed in table and graph form.

Results

Total 100 cases were included in this study. There were 5 cases having age 20-30 years, 30 cases were between 31-40 years age, 40 cases were between

41-50 years age, 15 cases between 51-60 years and 10 cases having age above 60 years. Both male and female cases irrespective of their age were included in the study. These cases were admitted via OPD. After getting all necessary investigations diagnosis was confirmed and they were planned for laparoscopic cholecystectomy. Cholecystectomy means removal of gall bladder. It has two types open cholecystectomy or laparoscopic cholecystectomy. Out of 100 cases 6 cases got complications in laparoscopic cholecystectomy. Partial injury to CBd occurred in 4(4%) cases, partial injury to CHD occurred in one case and complete transaction of CBD happened in one case. Modes of treatment were laparotomy and T-tube insertion, placing drain usg guided.



Age of patients (years)	Number of cases
20-30	5
31-40	30
41-50	40
51-60	15
Above 60	10
total	100

DISCUSSION

Cholecystectomy is a very common operation performed in general surgery. Cholecystectomy is done In symptomatic cholelithiasis, carcinoma of gall bladder, gangrenous bladder, emphysematous gall bladder or porcelain gall bladder. In open method incision is given which may lead to more

complications after operation such as wound infection and wound dehiscence etc. This is a cross sectional study completed in a duration of seven months. Total 100 cases were included in this, which were admitted in the ward for laparoscopic cholecystectomy due to cholelithiasis. Both male and female cases irrespective of their age were





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Conclusion

Lap cholecystectomy is a procedure of choice in uncomplicated cases with minimum complications and early recovery, shorter hospital stay and early mobilization.

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