

COMPLICATIONS OF LAPAROSCOPIC CHOLECYSTECTOMY

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*Department of General Surgery, Baqai Medical University, Karachi**Department of Surgery, Dow University of Health Sciences, Karachi****ABSTRACT:****Objective:** To assess the complications of Laparoscopic Cholecystectomy in our setting.**Design & Duration:** A prospective observational study from Nov. 1997 to Oct. 2004.**Setting:** Surgical Unit I, Civil Hospital, Karachi.**Patients:** All patients who underwent Laparoscopic Cholecystectomy for gall stone disease between Nov. 1997 and Oct. 1999 were included in the study, whereas cases with acute cholecystitis, bile duct calculi, obstructive jaundice, cholangitis, acute pancreatitis, portal hypertension, gall bladder malignancy, sepsis, and severe cardiopulmonary or other medical diseases were excluded from the study.**Methodology:** The data of all the patients who underwent Laparoscopic Cholecystectomy for gall stone disease was entered on a standardized proforma and analyzed for age, sex, symptomatology, examination findings, investigations, operative findings, post-operative complication and the outcome. The patients were followed-up for five years i.e. the last patient operated in Oct. 1999 was followed-up till Oct. 2004.**Results:** Amongst the 160 patients that were included, there were 138 females and 22 males, with ages ranging from 17-82 years. Laparoscopic cholecystectomy was successfully completed in 144 (90%) cases with a conversion rate of 10%. Major complications were seen in eight (5%) patients including common bile duct (CBD) injury in three and cystic duct injury, bleeding from gall bladder bed, duodenal injury, colonic injury and retained CBD stone in one case each. There was no mortality in this series.**Conclusion:** Laparoscopic Cholecystectomy is a safe procedure with minimal complications.**KEY WORDS:** Cholelithiasis, Gall Stones, Cholecystectomy, Laparoscopy, Minimal Access Surgery, Complications**INTRODUCTION**

With the advent of Laparoscopic Cholecystectomy (LC) in France in 1987, as the gateway into the field of interventional laparoscopy, the management of biliary disease has dramatically changed. At present laparoscopic cholecystectomy is considered the "Gold Standard" for the treatment of cholelithiasis as it offers unquestionable advantages in comparison to the conventional approaches. Reduced trauma, minimal post-operative pain and dramatic shortening of post-operative hospital stay are the main reasons for its popularity¹. The enthusiasm

brought about by laparoscopic cholecystectomy is almost unprecedented, and is emphasised by the fact that it is often the patient who specifically requests this technique.

The indications for LC include all patients with symptomatic cholelithiasis and/or acute cholecystitis. Body morphology, age, and previous abdominal surgical intervention are no longer contraindications. Formerly limited to uncomplicated cholelithiasis, the horizon of indications has progressively extended and, at present, very few patients require the conventional 'open' approach. Most surgeons can perform this procedure quickly with a minimal conversion rate.

During the initial phase of the use of this technique, the complication rate is much higher than the standard procedure of open cholecystectomy. This is attributed largely to technical limitations. Monitors are two dimensional and instruments lack the tactile feedback, making complex manoeuvres like suturing difficult. Rigid ports fixed in the abdominal wall restrict range of the motion, whereas visualisation of structures replaces palpation for the detection of abnormalities².

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