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Difficult laparoscopic cholecystectomy, comparative predictive values of various radiological indicators

Statement of problem Laparoscopic Cholecystectomy (LC) is the gold standard for gall stone surgery. Anticipation of likely difficulty will help in avoiding complications and better counselling. The aim of study was to compare the various pre-operative radiological findings and their respective predictive value for difficult LC.

Methodology and Theoretical orientation: A total number of 101 patients scheduled to undergo LC were enrolled. Apart from Demographic, preoperative and clinical factors, five radiological parameters were noted- Multiple large stones, Distended gall bladder, Contracted Gall bladder, Peripancreatic collection and thick gall bladder wall.

All patients underwent LC using the standard technique. Intraoperative difficulty was graded as easy, slightly difficult, difficult and extremely difficult. Cases with difficulty and extreme difficulty were categorized as "Difficult" those not difficult or slightly difficult were categorized as "Easy".

Findings: Among radiological features, presence of contracted gall bladder ($p=0.013$), peripancreatic fluid ($p<0.001$) and thick gall bladder wall ($p=0.044$) were found to be significantly associated with difficulty. Mean duration of procedure was significantly longer (49.67 ± 6.14 min) in difficult procedures as compared to easy procedures (32.44 ± 7.81 min) ($p<0.001$).

The Radiological Predictors of difficulty were noted as follows:

Radiological Parameter	Total	Difficult	Easy	Statistical significance
Multiple Large Stone	4	1	3	0.560
Dilated GB	2	1	1	0.158
Contracted GB	6	3	3	0.013
Peripancreatic	9	6	3	<0.001
Thick GB wall	4	2	2	0.044

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Conclusions and Significance: Peripancreatic fluid is the most significant Preoperative radiological predictor of difficult LC. Although less but contracted Gall Bladder and thick GB wall also have statistical significant. This gives important advantage to the surgeon who has to perform the surgery for the organization of operating room for necessary resources also for the counselling of the patient to convert if necessary.

keywords: Laparoscopic cholecystectomy, Difficulty, Radiological predictor, Preoperative predictor, post-cholecystectomy syndrome, Quality of life.

Biography

Krishna Kant Singh has completed his MS(General Surgery) from KGMC, Lucknow University, India and appointed as casualty medical officer in department of surgery in KGMC, Lucknow, India in 1999. He is currently professor in the department of surgery in KGMC, Lucknow, India. He had a membership on Association of Surgeons of Lucknow, City Chapter of ASI. During his academic career, he has published 11 papers (2019- 3papers, 2020- 4papers and 2021- 4papers) in reputed journals.

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