

ABSTRACT

Laparoscopic Cholecystectomy Experience in District General Hospital from January 2018 – October 2019

Fahkrul Radzi Ahmad Zubir*, Syafiq Husni

Department of General Surgery,
Hospital Sultan Haji Ahmad Shah,
Temerloh Pahang, Malaysia

*Corresponding author's email:
asuaire_razi@yahoo.com

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Introduction: Laparoscopic cholecystectomy (LC) is the gold standard treatment for gallstones. However, to avoid serious biliovascular injury, conversion is advocated for distorted anatomy at the Calot's triangle. This study aimed to review our experience handling elective LC cases, (simple and difficult) as a district general hospital. **Methods:** A retrospective data of all elective LCs performed in a district general hospital over 22 months was collected. The data includes LC without On-table Cholangiogram (OTC), LC with OTC, and difficult case that need conversion to open cholecystectomy. The pre-morbid condition, intraoperative findings and factors influencing open conversion are reviewed. **Results:** A total of 52 patients underwent LC during this period; 19 (36.5%) LC without OTC, 25 (48%) LC with OTC, and 8 (15%) of the LC need to be converted to open cholecystectomy. All cases have at least one ultrasound done and showed cholelithiasis with cholecystitis before operation. Three of the cases had unsecured bleeding after adhesiolysis and manipulation, and 2 cases of thickened and contracted gallbladder. **Conclusion:** This data reflects our practice on handling LC by a general surgeon. There is room for improvement in terms of laparoscopic skills and handling the equipment to minimize the number of conversions to open cholecystectomy.

