SHORT-TERM OUTCOMES OF LAPAROSCOPIC CHOLECYSTECTOMY IN PATIENTS WITH CIRRHOTIC PORTAL HYPERTENSION

Abdelhameed Ghazal, Mohamed Ibrahim Kassem , Ahmed Abdelfatah Sabbry, Mustafa Amin Mostafa Agha

General Surgery Department - Gastrointestinal Unit , Faculty of Medicine, University of Alexandria

Introduction

Advantages of laparoscopic cholecystectomy (LC) for most of patients have been extensively recognized, and (LC) has become the golden standard in treating benign gallbladder diseases. When LC began in early 90's pregnancy, previous abdominal surgery, obesity, cirrhosis, and acute cholecystitis were considered absolute contraindications for the laparoscopic skills and instrumentation, a range of increasingly complex procedures has been performed, making all of these traditional contraindications at best relative. Several studies reported good results and suggested liberal use of LC in patients with early-stage cirrhosis and symptomatic gallstone disease. However, its benefits and successful use in patients with cirrhotic portal hypertension (CPH) are not well-documented. Based on our previous studies on the influence of LC on hepatic function and our experience with LC for cirrhotic patients, LC has been successfully performed for patients with Cirrhotic Portal Hypertension. New studies reports safety of LC in cirrhotic patients class Child's A-B patients.

Aim of the work

Study aims to evaluate Laparoscopic cholecystectomy in patients with cirrhotic portal hypertension regarding the intra-operative difficulties and short-term post-operative outcomes including: bleeding, bile leakage, wound infection and hepatic insufficiency

Methods

Preoperative assessment includes full history taking, thorough clinical examination, Lab Investigation Blood picture and bleeding,liver and renal profiles. Serology for hepatitis viruses, imaging chest X-ray abdominal ultrasonography to assess degree of liver cirrhosis , ascites , portal vein diameter ,MRCP whenever indicated in cases with jaundice to exclude obstructive stones of lesions,upper GIT endoscopy, laparoscopic cholecystectomy.

Operative procedureincludesPneumoperitoneum is established using a Veress needle. When the telescope is inserted a fast inspection is done of the peritoneal cavity to exclude obvious pathology and iatrogenic injury.Separation of adhesions towards the gallbladder and the surrounding liver, having exposure of peritoneal fold in which the cystic duct as well as artery are situated.Dissection from the cystic duct and artery, occlusion andalso division of these structures after grasping dome of gall bladder. Extraction of the gallbladder and closure of incisions.Intra and postoperative assessment to be considered.

Results

This study was carried on 20 patients with GB disease with cirrhotic portal hypertension admitted to Upper Gastrointestinal surgery Unit, Alexandria university Hospital during the time between January 2018 and Januray 2019

Table (1): Intra operative characteristics of Laparoscopic Cholecystectomy

		P value
Operative time, median and range in minutes	120±42.68 min (45-229 min)	<0.001 HS
Estimated blood loss, median and range in ml	80±19.68ml (25-150ml)	<0.001 HS
Tissue link/argon beam coagulator.	3 (15%)	0.098
Drain placement	17 (85%)	0.278

Table (2): Perioperative complications:

Complications		p-value
Bile leak	1 (5%)	0.833
Bowel Injury	0 (0%)	0.796
Wound infection	1 (5%)	0.833

Conclusions

Laparoscopic cholecystectomy is an effective and safe treatment for symptomatic gallstone disease in selected patients with liver cirrhosis and portal hypertension. However, appropriate preoperative preparations and careful intraoperative techniques are required for better outcomes