Summary

Clinical and autopsies series have shown the prevalence of cholelithiasis in cirrhotic patients to be twice that of non-cirrhotics. This increase has been attributed to intravascular hemolysis secondary to hypersplenism.

In the beginning, liver cirrhosis was considered a contraindication for laparoscopic cholecystectomy, mostly for the same reasons as for other surgical procedures, i.e. mild to severe bleeding tendency, prolonged wound healing due to hypoproteinemia, and various metabolic disorders.

Over the past 20 years, however, numerous reports have been published demonstrating the safety and efficacy of LC in this patient population.

Using correct operative indications, better opportunity, and reasonable modality or techniques, we can improve the curative effect and prognosis in patients with cholelithiasis and liver cirrhosis.