

## **Laparoscopic Cholecystectomy For Acute Cholecystitis Beyond The Conventional Safety Period Proceeded By Ultrasonic Energy Feasibility And Outcome**

*Yasser Hatata, Nader Shaban, Ghada Morshed, Mohamed Ibrahim.*  
*Ain Shams Journal of surgery – November 2014*

### **Abstract**

**Introduction:** Timing of laparoscopic cholecystectomy for acute cholecystitis (from the onset of symptoms) is related to the degree of operative difficulty, increases substantially over time. The appropriate timing for early laparoscopic cholecystectomy in the treatment of acute cholecystitis remains controversial. However, no definitive advantages to initial conservative management and delayed laparoscopic surgery in patients suitable for surgery.

**Subjects & Methods:** 30 laparoscopic cholecystectomies were tried for acute gallbladder disease beyond the conventional coded time of 72 hours from the onset of symptoms up to 5 weeks later. Ultra-sonic energy devices (Harmonic Scalpel and LigaSure) were the energizer tools for surgical dissection. Intra-operative difficulties & complications shift to other procedures, length of operations & post-operative hospital stay and one month follow up for potential complications were assessed for feasibility and outcome.

**Results:** 28 of the 30 (93.33%) laparoscopic cholecystectomies were successfully completed. 2 cases (6.67%) shifted into another procedure. Some intra-operative difficulties in some cases were encountered in the form of variable density of omental and other structures adhesions with difficult separation (n: 28, 100%), difficulty in grasping gallbladder fundus (n: 7, 25%), difficult dissection at Calot triangle (n: 13, 46.43%), cystic duct & artery identification, isolation and clipping (n:13, 46.43%), difficult dissection of gallbladder off its liver bed (n: 9, 32.1%) and difficult extraction of the gallbladder (n: 3, 10.7%). No intra-operative complications were met. The length of operations ranged between 100-130 Min. with a mean of 115 Min. The length of post-operative stay ranged between 1-2 days with a mean of 1.5 days. Post-operative complications comprised 2 cases (7.1%). One with biliary leakage and the other had a superficial surgical site infection at the umbilical incision.

**Conclusion:** Laparoscopic cholecystectomy for acute gallbladder disease beyond the conventional coded time of 72 hours from the onset of symptoms using ultra-sonic energy devices for surgical dissection bears a high threshold of safety & feasibility with an excellent outcome in certain patients, this is mainly evident when the operator is an experienced laparoscopic surgeon in a highly technologically equipped laparoscopic center.