Evaluation of laparoscopic cholecystectomy in Cirrhotic patients

Thesis

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Summary

Clinical and autopsyseries 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.

The study was done to evaluate the characters, risk and benefits of laparoscopic cholecystectomy (LC) in cirrhotic (CLD) patients.

Between October 2010 to September 2012 in Fayoum university hospital a series of 50 cases with gall stones and hepatic cirrhosis (CTP A and B) were operated upon by the standard laparoscopic cholecystectomy.

Patients included in this study who were presented either with repeated attacks of biliary colic or those who were presented by acute cholecystitis. All of the patients had liver cirrhosis. Patients with CTP. class C were excluded from the study.

All patients were diagnosed preoperatively by clinical, laboratory, radiological workup, and confirmed by histopathological examination of liver biopsy.

The Child-Turcotte-Pugh classification system was used to assess the severity of cirrhosis.

All of these patients provided a medical history followed by a physical examination, abdominal ultrasonography, liver function tests, prothrombin time, C.B.C., and viral hepatitis markers.

A standard laparoscopic procedure was used for all patients.
Results showed no mortalities with a conversion rate 14% to OC. with postoperative morbidities in 28% of patients, and average hospital stay was 3.2 days.

Despite LC is difficult for CLD patients, It is feasible and relatively safe. To make LC successful in patients with CLD, it is necessary for surgeons to acquaint with technical characteristics of LC and emphasize meticulous peri-operative management.

Laparoscopic cholecystectomy can be performed safely in selected patients with cirrhosis Child–Pugh A and B who manifest indication for surgery.

Laparoscopic cholecystectomy offers several advantages over open cholecystectomy: lower morbidity, shorter operative time, and reduced hospital stay.

Nevertheless, because of the risk of development of liver insufficiency and the risk of severe hemorrhage in patients with portal hypertension, we believe that the indications for cholecystectomy in patients with cirrhosis should be evaluated carefully. In patients with cirrhosis, LC in cirrhotic patients should not be attempted by surgeons without sufficient experience in laparoscopic surgery.

We still need to make further studies and researches to evaluate laparoscopic cholecystectomy in liver cirrhosis Child–Pugh C.