

Laparoscopic subtotal cholecystectomy for difficult gallbladders: A lifesaving bailout or an incomplete operation?

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Abstract

Introduction: Laparoscopic Subtotal Cholecystectomy (LSTC) is a bailout procedure that is undertaken when it is not safe to proceed with a laparoscopic total cholecystectomy due to dense adhesions in Calot's triangle. The main aim of this review was to understand the early (≤ 30 days) and late (> 30 days) morbidity and mortality of LSTC.

Methods: A literature review of PUBMED (Medline), Google scholar and EMBASE was conducted from 1985 to December 2020 to identify all studies on LSTC. A systematic review was then performed.

Results: 45 studies were identified, with a total of 2166 patients. Mean age was 55 \pm 15 years with 51% females; 53% ($n=390$) were elective procedures. The conversion rate was 6.2% ($n=135$). Most common indication was acute cholecystitis ($n=763$). Different techniques were used with the majority having a closed cystic duct/gallbladder stump ($n=1188$, 71%). The most common closure technique was intracorporeal suturing (53%) followed by endoloop closure. There were a total of four, 30-day mortality in this review. Early morbidity (≤ 30 days) included bile duct injury (0.23%), bile leak rates (18%), intra-abdominal collection (4%). Reoperation was reported in 23 patients (1%), most commonly for unresolving intra-abdominal collections and failed ERCP to control bile leak. Long term follow-up was reported in 30 studies with a median follow up period of 22 months. Late morbidity included incisional hernias (6%), CBD stones (2%), and symptomatic gallstones in 4% ($n=41$) with 2% ($n=22$) requiring completion of cholecystectomy.

Conclusion: LSTC is an acceptable alternative in patients with "difficult" Calot's triangle.

Biography

Dr. Mohamed Abouelazayem completed his MSc degree in Surgical Oncology from National Cancer Institute in Cairo University and currently a Registrar of General Surgery in Royal Free London Hospitals in United Kingdom. He has special interests in upper gastrointestinal surgery research and is the Academic co-ordinator of the Global TUGS community (The Upper Gastrointestinal Surgeons). He is also interested in surgical education and is a faculty at the Royal College of Surgeons of England and has taught on many surgical courses in the UK.