

August 06-07, 2018
Prague, Czech Republic

J Univer Surg 2018, Volume: 6
DOI: 10.21767/2254-6758-C1-003

COMMON BILE DUCT CLEARANCE OF STONES BY OPEN SURGERY, LAPAROSCOPIC SURGERY, AND ENDOSCOPIC APPROACHES (COMPARATIVE STUDY)

Mohammed Ahmed Omar and Alaa A Redwan

Qena University Hospitals, South Valley University, Qena, Egypt

Around 10–18% of patients undergoing cholecystectomy for gallstones have common bile duct (CBD) stones. Treatment can be provided as opencholecystectomy plus open CBD exploration, laparoscopic cholecystectomy plus laparoscopic common bile duct exploration (LC+LCBDE), or pre-cholecystectomy or post-cholecystectomy endoscopic retrograde cholangiopancreatography (ERCP) in two stages for CBD clearance. The aim of this study is to compare the CBD clearance rate by each procedure in a well-equipped tertiary center. A total of 250 patients with choledocholithiasis were included from the General Surgery Department, Sohag and Assiut University Hospitals, and managed randomly by either conventional surgery, endoscopic, or laparoscopic procedures. Patients were categorized randomly into three groups: group I included 100 patients (40%) who were treated by open choledocholithotomy and T-tube insertion. Group II included 100patients (40%) treated by ERCP. Group III included 50 patients (20%) treated by laparoscopic approaches. Both ERCP/LC and LCBDE were highly effective in CBD clearance, and equal in terms of the overall cost and patient acceptance. However, the overall duration of hospitalization was shorter for LCBDE with elimination of the potential risks of ERCP-associated pancreatitis, further procedures, and anesthesia risks. It is feasible, cost-effective and ultimately should be available for most patients in each specialized center

mohamed_lali@med.svu.edu.eg