

CO-ORGANIZED EVENT

13th International Conference on Clinical Gastroenterology & Hepatology & 2nd International Conference on Digestive Diseases

December 07-08, 2017 Madrid, Spain

The effect of time interval between endoscopic retrograde cholangiopancreatography and laparoscopic cholecystectomy

Gouda El-Labban

Suez Canal University, Egypt

Aim: The appropriate time for laparoscopic cholecystectomy (LC) following endoscopic retrograde cholangiopancreatography (ERCP) in patients with obstructive choledolithiasis is controversial. We aim to compare early versus delayed LC after ERCP in patients with calcular obstructive jaundice as regards conversion rate, postoperative morbidity and hospital stay.

Methods: This study was conducted on 124 patients who underwent LC after ERCP due to calcular obstructive jaundice. Patients were randomly classified to two groups; in the first group (early group, n=62) LC was performed within 72 hours after ERCP, while in the second group (delayed group, n=62) LC was performed after 6 weeks.

Results: Conversion to open cholecystectomy was significantly more incident when LC was delayed for more than 6 weeks after ERCP (22.6% in delayed group versus 6.5% in early group). The duration of surgery and the postoperative hospital stay in the early group was significantly shorter than that of the delayed group (42.3±10.6 minutes versus 72.2±16.8 minutes and 1.1±1.9 day versus 3.5±1.2 days respectively). No statistically significant difference was found between both groups as regarding the postoperative morbidity.

Conclusion: Performing LC as early as possible (within 72 hours after ERCP) lowers the conversion rate to open cholecystectomy thus decreasing the anticipated postoperative morbidity and prolonged hospital stay.

ellabbang@yahoo.com