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The incidence of laparoscopic cholecystectomy after laparoscopic sleeve gastrectomy in Lebanon

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Background: Rapid weight loss is a recognized risk factor for cholelithiasis. The incidence of gall stone formation after gastric bypass and gastric banding had been studied. To our knowledge, in the literature, there are no studies to analyze the incidence of symptomatic gall stones requiring cholecystectomy developed after sleeve gastrectomy.

Methods: A retrospective chart review of patients who underwent LSG between January 2009 and May 2012 at two bariatric centers in Lebanon. Patients who had concomitant cholecystectomy, previous bariatric surgery or documented gall stones before surgery were excluded from the study. The outcome measure was the development of symptomatic gallstones requiring cholecystectomy.

Results: A total of 370 LSG was done in the study period, of which 292 met the inclusion criteria. 23 patients developed symptomatic gall stones requiring cholecystectomy.

Conclusion: The overall incidence of cholecystectomy after sleeve gastrectomy is 7.9%. Concomitant cholecystectomy should not be done as a routine viewing the low incidence of symptomatic gall stone after sleeve gastrectomy. Abdominal ultra-sound may not be a necessary part of the preoperative work up.

Biography

Mohammad Hayssam Elfawal is a faculty in the Arabic University of Beirut since the year 2005. He obtained a Diploma in Hepato-biliary and Transplant Surgery from University of Paris VI, France in year 2003. He is a Fellow in the American College of Surgeons since 2011.

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