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ERCP and laparoscopic cholecystectomy as a single setting procedure, can it be done safely in peripheral rural hospital?

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Background: The ideal management of cholecysto-choledocholithiasis is an open cholecystectomy (OC) with the CBD exploration worldwide. The single setting 2-stage approach- Endoscopic retrograde cholangiopancreatography (ERCP), sphincterotomy (EST) and common bile duct (CBD) clearance followed by laparoscopic cholecystectomy (LC) offers advantages, mainly by reducing the hospital stay and the morbidity.

Objective: To compare the ERCP + LC single setting approach with an OC with the CBD exploration for the treatment of cholecysto-choledocholithiasis.

Methods: We included the retrospective review of the open procedure which was maintained database from November 2012 onwards at our hospital and did a prospective study of the ERCP +LC procedure October 13 to October 2015 at Lumbini Medical College and Teaching Hospital, Palpa, Lumbini. The open cases were our control group. Patients with cholecysto-choledocholithiasis underwent 2-stage ERCP + LC in a single setting was compared with the 2-stage OC with CBD exploration in a single setting approach. All the cases included in the study are elective. The primary objective is to study the feasibility of the procedure, whereas secondary objectives are to 1). Detect the morbidity (Post-ERCP, Cholangitis, Pancreatitis, Abdominal collection, Wound infection) 2). The length of stay and 3). Stone clearance respectively. This is an interim analysis with 83 patients in ERCP + LC and 77 in open group respectively.

Results: Hospital stay was significantly shorter in the ERCP + LC group; 3.92 ± 0.719 days versus 10.30 ± 1.557 days, $P < 0.05$. There was significant difference in total morbidity of ERCP + LC group 7(8.4%) vs. 14(18.2%), $p\text{-value} < 0.05$, where wound infection in ERCP + LC group was 2(2.4%) vs. 4(5.2%) and there was one case of abdominal collection 1 (1.2%) which was managed symptomatically. The incidence of retained CBD stone in ERCP + LC was 3(1.2%) which was managed successfully with ERCP. Post-ERCP amylase value was found within the normal limit in all the cases.

Conclusions: The analysis of our results suggests ERCP + LC in the settings of the peripheral hospital are feasible in terms of cost, length of hospital stay, morbidity and stone clearance.

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