

PP 02 - Safety and quality assurance in laparoscopic cholecystectomy: single surgeon experience

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Introduction: Laparoscopic cholecystectomy (LC), the gold standard for treatment of symptomatic cholelithiasis, is one of the most commonly performed minimal-access surgical procedures. Despite this, morbidity due to bile duct injuries (BDI) remains a concern globally and nationally. This study describes the practice and outcomes of LCs performed by or under the supervision of a single surgeon.

Methods: A retrospective analysis of prospectively collected data of patients who underwent LC from 2015-20 was done. A standardised surgical technique with demonstration of the critical view of safety (CVS) was followed by the surgeon and trainees under supervision. The image of the CVS was printed in the discharge summary.

Results: LCs were performed in 180 patients. The mean age was 46.62 years (13-85) with a male: female ratio of 1:1.85. Indications for surgery were symptomatic gallstones / biliary colics (42.52%), gallstone pancreatitis (21.83%), acute cholecystitis (14.94%), chronic cholecystitis (9.19%) and choledocholithiasis (4.59%). LCs were completed in 96.1% (173/180) while conversion to open cholecystectomy was required in 3.9% (7/180). Apart from one (0.55%) Strasberg type D BDI identified intraoperatively and one (0.55%) delayed port site hernia, no significant morbidity was reported. The mean hospital stay was 1.19 days (SD 1.02).

Conclusions: Adherence to standardised, safe surgical practice and appropriate supervision when performing LCs favour good outcomes even in low volume settings. Conversion to open surgery in challenging circumstances and early identification of BDIs minimize morbidity. Printing the image of the CVS in the discharge summary contributes to quality assurance.

Keywords: Laparoscopic Cholecystectomy, Quality assurance, Bile duct Injuries

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