

LAPAROSCOPIC CHOLECYSTECTOMY; OUTCOME IN PATIENTS WITH CO-MORBIDITY

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ABSTRACT ... Objective: To determine the frequency of bleeding, surgical site infection and common bile duct injury after laparoscopic Cholecystectomy in patients with co-morbidity. **Study design:** Descriptive study. (Case series). **Setting:** Department of Allied & D.H.Q hospital Faisalabad. **Period:** July 2006 to December 2007. **Patients and Methods:** It comprised of 30 consecutive patients of cholelithiasis with co-morbidity presenting in surgical department. Patients having uncontrolled hypertension, chronic obstructive airway disease and malignancy were excluded. Detailed history and physical examination was carried out as per protocol. It was followed up by relevant investigations. All the cases underwent laparoscopic cholecystectomy. **Results:** The age of the patients ranged from 23-68 y, with mean age of 40-56 y. Among these 14 cases were having D.M (46.66 %), 06 patients were cirrhotic (20%), 06 patients had acute cholecystitis (20%), 02 patients were having H.T.N (6.6%), and 02 patients were >70 years (6.6%). All the patients were females. Out of diabetic patients undergoing laparoscopic cholecystectomy, SSI was noted in 02 (6.66%) patients. While mild postoperative bleeding was noted in 01 (16.6%) of cirrhotic patients after laparoscopic cholecystectomy. No untoward event was noted in patients with H.T.N ac. Cholecystitis & advanced age. **Conclusion:** In high risk patients undergoing laparoscopic cholecystectomy, very few complications were noted. Postoperatively. Morbidity following above procedure was quite low as compared to conventional one. Laparoscopic cholecystectomy should be the preferred option in high risk patients for better outcome.

Key words: Laparoscopic cholecystectomy, H.T.N, D.M ac. Cholecystitis, cirrhosis, advanced age.

INTRODUCTION

Gallstones are most common biliary pathology¹. The incidence of gallstones is more in female population. It is estimated that between 85-90% of the patients who have gallstones remain asymptomatic². In the rest of population, they cause symptoms. In which intervention may be necessary. Cholecystectomy is the commonest surgical procedure in the abdomen in the western world³. Cholecystectomy can be done with the help of laparoscopic, one of the recent advances in biliary tract surgery.

Gallstones disease is defined as patients having stones in their gallbladder. The diagnosis is made with the help of proper history, clinical examination and ultrasound. The prognosis of the disease is excellent after operation.

The most important prognostic factors are the

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complications present in the patient caused by gallstone, along with associated co-morbid conditions e-g D.M, advanced age, cirrhosis etc.

Laparoscopic cholecystectomy is considered the gold standard for patients of mild cirrhosis and symptomatic cholelithiasis⁴. Similarly laparoscopic cholecystectomy can be safely done in patients with ac. cholecystitis and advanced age.

Patients having D.M & H.T.N, as co-morbid factor, undergoing laparoscopic cholecystectomy have no extra disadvantage as compared to the conventional cholecystectomy.

The aim of this study is to determine the frequency of complications in postoperative period in patients undergoing laparoscopic cholecystectomy in terms of SSI, bleeding & C.B.D injury.

MATERIALS AND METHODS

This descriptive study was on 30 consecutive high risk patients, having gallstones, received in Allied & D.H.Q hospital Faisalabad during 2006 and 2007. All the patients underwent laparoscopic cholecystectomy in the same department. Postoperative care was done in the same department and complications were noted there.

All the gallbladder specimens were sent for

histopathology reporting. Follow – up of the patients was also carried out after above mentioned procedure.

Statistical analysis of the data was carried out using SPSS..

All the patients with cirrhosis were diagnosed by USG & L.F.Ts. All the selected patients were in child's grade A. Diabetes mellitus was confirmed by R.B.S. and all the patients having B.P above 140/90mmHg with sphygmomanometer were labeled as hypertensive while patients having age > 70 yrs were ground as advanced age.

RESULTS

Out of 30 cases 14 patients (46.66%) were diabetic, 06 patients (20%) were cirrhotic, and 06 patients (20%) were diagnosed as ac cholecystitis, while 02 patients (6.66%) were having H.T.N. along with cholelithiasis, and 02 patients (6.66%) were over aged. All the patients (100%) were females.

Generally fewer complications were seen in diabetic patients. 02 patients (14.29%) developed SSI, rest of the patients (85.71%) did not develop any complication postoperatively, while 05 patients (83.34%) recovered smoothly. In the remaining patients with H.T.N, ac.cholecystitis & advanced age, no complication developed in postoperative period, as shown in table-II.

Table-I.

	D.M	Cirrhosis	Ac. Cholecystitis	H.T.N	Advanced age	Total patients
No. Of Pts.	14	06	06	02	02	30
%age	46.66%	20%	20%	6.66%	6.66%	-

Table-II.

	No. of patients	SSI	Bleeding	C.B.D injury	%age
D.M	14	02	-	-	14.29
Cirrhosis	06	-	01	-	16.66
Ac. Cholecystitis	06	-	-	-	-
H.T.N	02	-	-	-	-
Advanced age	02	-	-	-	-

DISCUSSION

Laparoscopic cholecystectomy is considered to be gold standard procedure for cholelithiasis. It is matter of couple of decades, when this procedure was in infancy. Now it has almost taken over the open cholecystectomy.

This procedure was started in the department of surgery of Allied and D.H.Q hospital in 2000. More than 2500 cases have been performed until now. The results are comparable with the literature.

Most of the procedures are performed by a trained laparoscopic surgeon or the procedure is supervised by a trained surgeon.

We conducted a study to evaluate the results of this procedure in high risk patients. Patients with D.M, H.T.N, advanced age, ac.cholecystitis, and cirrhosis of liver were included in the study and frequency of, (1) bleeding (2) surgical site infection (3) common bile duct injury were noted.

Majority of patients in our study had diabetes mellitus. All were type-2 diabetics and controlled with oral hypoglycemic agents. Patients with diabetes tend to have an increased rate of infectious complications both at the surgical site and elsewhere⁵. Surgical site infection was the only complication observed in these patients.

Laparoscopic cholecystectomy is a safe procedure in well selected child-Pugh A & B cirrhotic patients, and should be gold standard for patients with mild cirrhosis and symptomatic cholelithiasis⁶. Among the cirrhotic patients, the procedure was uneventful and was not difficult. Only one patient out of six had postoperative mild bleeding which stopped spontaneously. In cirrhotic patients laparoscopic cholecystectomy offer several advantages over open cholecystectomy⁷.

The early laparoscopic approach has been shown to be technically feasible and at least equally safe in acute cholecystitis, as the open cholecystectomy⁸ we had six patients of ac.cholecystitis, in which early laparoscopic cholecystectomy i-e within one week of admission was performed, and all had excellent postoperative recovery.

Laparoscopic chelecystectomy have low conversion rate⁹.

Laparoscopic cholecystectomy can be performed safely with low morbidity without added risk.

CONCLUSION

Laparoscopic cholecystectomy can be performed in diabetic and cirrhotic patients of child's grade A with minimum possible complications. Even better outcome is obtained after laparoscopic cholecystectomy in patients of H.T.N, ac.cholecystitis, and advanced age having cholelithiasis.

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