INTRODUCTION

surgical removal of the gall bladder was first reported by Lagenburch in 1882 in Berlin. It bas been a standard therapy for the treatment of symptomatic cholelithiasis and cholecystitis. The standard surgical procedure can be performed with a surgical mortality of 0.3-1.0% for elective cholecystectomy and 3.0-10.0 % for cholecystectomy in acute cholecystitis [Cuschieri and Boucbier, 1988] .

However, the average hospital stay of 8 days and the need for 3-4 weeks postoperative recuperative period account for a major of the expense incurred by the patient . Thus, while standard surgical cholecystectomy is safe and effective in the treatment of gallstone disease. this method incurs significant cost both in money and time . Several authors have reported a modification of the standard surgical operation . The technique utilizes laparoscopic instrumentation to achieve successful removal of the gall bladder [**Buess etal. 1990**] and may reduce costs by decreasing the length of hospitalization stay and recuperative time. Since 'laparoscopic cholecystectomy' permits complete removal of the gall bladder without the need for large incisions into the abdominal wall and the surgeon's hands do not enter the peritoneal cavity . there is minimal manipulation of the abdominal anatomy [**Grace etal. 1991**] The resultant decrease in morbidity , hospital stay , and recuperative time suggests that this methodology will gain acceptance within the surgical community . However, all patients should be informed

prior to surgery that there is a possibility of having to revert to traditional open cholecystectomy due to patient anatomy or other complicating indications (**Raddick and olsen,** 1989) .

AIM OF THE WORK

The purpose of this work is to throw a light on this new method of cholecystecomy and to evaluate the advantage of this method .