

## RESULTS

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- \* This study was carried out on 20 adult patients, 14 females and 6 males, all had proved gall stones .
- \* The average age was 39 years with the maximum of 50 years and minimum of 19 years ( table 2 )
- \* The average weight was 75 kg with a maximum of 90 kg and minimum of 60 kg but it is noticed that most patients are above the ideal weight range (Table 3).
- \* eleven patients (55 %) presented by sever biliary colic and flatulent dyspepsia . 6 patients (30 %) presented by mild biliary colic .3 patients (15 %) presented by dyspepsia which is not relieved by medical treatment (tabel 4).
- \* Liver function tests were with in normal in all patients but in 6 patients , liver enzymes ( SGOT & SGPT ) were near to the high border of normal range
- \* Plain X-ray demonstrated radio-opaque shadow in the region

TABLE (2): AGE OF THE PATIENT

AGE	NO. OF CASES	PERCENTAGE OF CASES
below 20 years	1	5%
20 - 30 years	4	20%
30 - 40 years	10	50%
40 - 50 years	5	25%

TABLE (G):WEIGHT OF THE PATIENT.

WEIGHT	NO. OF CASES	PERCENTAGE OF CASES
50 - 60 kg.	1	5%
60 - 70 kg.	5	25%
70 - 80 kg.	12	60%
80 - 90 kg.	2	10%

TABLE (4): PRESENTATION OF THE PATIENT

PRESENTATION	NO OF CASES	PERCENTAGE OF CASES
Biliary colic and dyspepsia	11	55 %
Biliary colic	6	30 %
Dyspepsia	3	15 %

of the gall bladder ( gall bladder stones ) only in one case (5%) of the twenty cases .

- Oral cholecystography demonstrated stone in the gall bladder in 15 case (75 %) and the gall bladder was not visualized in the remaining 5 cases (25 %)

- Ultrasonography revealed stone in the gall bladder in all cases, (60 %) had a single stone in the gall bladder while 8 cases (40 %) had multiple small stones(table 5)

\* Five cases (25%) were reverted to open cholecystectomy dueto dens adhesions around the gall bladder and disturbed anatomy which discovered during the procedure, 2 cases (10 %) of them were expected due to previous history of repeated attacks of acute cholecystitis

\* The operation took an average time of 105 minutes with the minimum time of 75 minutes (One patient) and maximum time of 135 minutes. 9 cases (45 %) took about 100 minutes , 2 cases (10 %) took less than 100 minutes while 4 cases (20%) took more than 100 minutes .

\* twelve cases were ready for discharge 2 days and the other 3 cases 1 day after the procedure but all the patients were kept under observation in the hospital for about ten days when they returned to the normal activit to evaluate the occurance of complications.

TABLE (5) : RADIOLOGICAL INVESTIGATION

RADIOLOGICAL INVESTIGATION	+ VE CASES	PERCENTAGE OF CASES
Plain x - ray	1	5 %
Oral cholecystography	15	75 %
Ultra sonography	20	100 %

\* Sever post-operative pain occurred in 7 cases (35%) at the day of operation and this was treated by analgesics

\* Most of the patients showed a short period of mild distension and, one or two attacks of vomiting but, this was manifested in the second day, and was marked in 4 cases (20 %) , this was treated by naso-gastric aspiration plus intravenous fluids

\* Mild degree of fever ( $38^{\circ}\text{C}$ ) occurred only at night of the day of operation in all cases (100%) which treated by antipyretics.

\* two cases showed limited surgical subcutaneous emphysema just above the umbilicus which disappears spontaneously in the next 5 days

\* Minor wound infection occurred at the trocar entry sites, in 2 cases (10%) and was treated with systemic antibiotics and daily dressing

\* Small incisional hernia at the epigastric area (at the site of trocar) was seen in only one male patient (5%) two months after the operation

\* Three monthes after the procedure ( during the period of follow up ), 2 patients was complaining from Rt. hypochondreal pain and Rt. shoulder pain. Liver function tests and abdominal ultrasonography were done but revealed nothing abnormal and these symptoms disappear without any treatment 2 monthes later. (table 6 ).