SUMMARY AND CONCLUSION

Laparoscopic cholecystectomy has become the most prevalent method of treating uncomplicated symptomatic cholelithiasis because it has become quite safe, minimally invasive, and associated with an acceptable rate of morbidity as long as the operating team has obtained the necessary expertise. As the experience with this procedure grow, certain pitfalls and difficulties are becoming apparent.

At the start of our study we excluded the patients presenting with syptoms of acute cholecystitis (in the selection of the patients). With increasing experience we followed the "all comers" policy and excluded only the patients who were unfit for anesthesia, and those with peritonitis and stone common bile duct.

In our study no intraoperative deaths occurred but intraoperative difficulties were encountered in 38 patients (13.5%), 6 of those patients (2.1%) were reverted to open cholecystectomy due to major difficulties, where trials failed to complete the procedure laparoscopically. The other difficulties were overcomed by some modifications and maneovurs with only increasing the duration of the procedures.

The difficulties were encountered in insufflation and trocar entry, grasping the gallbladder, exposure of the hepatocystic triangle, dissection of the cystic duct and vessels, dissection of the gallbladder from its hepatic bed or during extraction of the gallbladder.

The average operative time was of 42 minutes with a range of 25 to 100 minutes depending on the experience of the surgical team and the type of difficulty met with .

Post operative complications were almostly minor and most patients were discharged at the night of the operative day.

In conclusion, the difficulties that encountered the surgeon might be severe that conversion to an open procedure was mandatory in most of them as in cases with marked dense adhesions due to previous major upper abdominal operations, uncontrolled bleeding from major vessel, dilated biliary duct or intraoperative injury of an important structure.

On the other hand, difficulties encountered might be either moderate that only increased the time of procedure without the need for conversion to an open method as in cases of perforation or difficult extraction of the gallbladder and difficulties in dissection of the cystic duct and artery or may be mild difficulties that could be overcomed with minimal maneovurs as in the difficulties in insufflation and trocar entry.