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Laparoscopic Cholecystectomy in Patients with Liver Cirrhosis: 8 Years Experience in a Tertiary Centre and the Rule of Harmonic Device

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Objectives: With improved laparoscopic techniques and experience, availability of newer tools and instruments like ultrasonic shears; laparoscopic cholecystectomy (LC) became feasible option in cirrhotic patients, the aim of this study was to analyze the outcome of LC in cirrhotic patients and the rule of harmonic device.

Patients and Methods: We retrospectively analyzed 213 cirrhotic patients underwent LC, in the period from 2011 to 2019, the overall male /female ratio was 114/99.

Results: The most frequent CTP score was A, the most frequent cause of cirrhosis was HCV, while biliary colic was the most frequent presentation. Harmonic device was used in around 40% of patients and on comparing patients with and without harmonic use, there were significant lower operative bleeding, less amount of blood and plasma transfusion, shorter operative time and hospital stay and lower conversion and morbidity rates in the former. The morbidity was around 22% while mortality was around 2% and morbidity significant predictors were CTP score B, C, non harmonic group, operative bleeding, increased MELD score, blood and plasma transfusion units, lower platelet count and longer operative time.

Conclusion: LC can be safely performed in cirrhotic patients with appropriate patient selection. However, operative bleeding increased blood and plasma transfusion units, CTP and MELD scores are predictors of poor outcome that can be improved by using harmonic scalpel shears.

Keywords: Laparoscopic cholecystectomy, liver cirrhosis and harmonic device

Biography:

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