

Does difficulty assessment of laparoscopic cholecystectomy using currently available preoperative scores need revision?

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Abstract

Introduction Risk factors used for preoperative anticipation of a difficult laparoscopic cholecystectomy should be identified to prevent complications beforehand. The aim of this study was to evaluate factors predicting difficulty and the possibility of conversion to open cholecystectomy before surgery.

Patients and methods Patients diagnosed with symptomatic cholelithiasis and scheduled for elective laparoscopic cholecystectomy were enrolled in the study. Patients' age and sex, previous hospital admissions, BMI, previous abdominal scar, a palpable gall bladder, gall bladder wall thickness, the presence of pericholecystic fluid collection, and impacted stone are considered risk factors that were used to calculate preoperative scores. Surgical procedure was categorized intraoperatively as easy, difficult, or very difficult on the basis of duration of surgery or conversion to open cholecystectomy.

Results There was no significant difference between intraoperative difficulty regarding age, sex, BMI, and the presence of either abdominal scar or impacted stone. The absence of previous history of hospitalization and the presence of nonpalpable gall bladder were significantly associated with intraoperative categorization as easy cases ($P=0.002$).

Discussion and conclusion The evaluated scoring system requires meticulous revision for the factors included. Insensitive factors could be removed without negative effect on the outcome. Focus should be directed toward significant items regarding sonography findings. It could be applied as a useful tool to predict easy cases but needs adjustment for the factors considered in case of predicting difficult and very difficult cases. The experience of the surgeon is an important factor in assessing difficulty intraoperatively.

The Egyptian Journal of surgery 2020, August