

# How effective is endoscopic stenting in management of post-cholecystectomy bile duct injuries – experience of a tertiary care hepatobiliary center in a developing country

[C. Lakmal](#)<sup>1</sup>

,  
[M. Nandasena](#)<sup>2</sup>

,  
[B. Gamage](#)<sup>2</sup>

,  
[T. Wijerathne](#)<sup>2</sup>

,  
[A. Pathirana](#)<sup>2</sup>

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- [Abstract](#)
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**Methods:** Three consecutive patients undergone robotic reoperation by *daVinci*® SI, and by the same team were reported. Patients were positioned in reverse Trendelenburg. For all patients, five trocars were used (3 of 8 mm and 2 of 12 mm), and surgical specimens were removed through Pfannestiel incisions.

**Results:** From November 2016 to December 2017, three cases of IGBC were performed. Clinicopathological, operative and postoperative data are summarized in the table. Briefly, all patients underwent bisegmentectomy IVb/V (1 anatomical and 2 non-anatomical) plus hilar lymphadenectomy; they were pT1b, and neither presented residual liver disease nor positive node at final pathology. Neither Pringle maneuver nor blood transfusions were necessary. All discharges from ICU and hospital were on second and third postoperative days, respectively. No complications at 30-days were recorded.

**Conclusion:** Our initial experience suggests that robotic reoperation seems to be safe, and simplifies both hilar lymphadenectomy as well as intrahepatic control of pedicles allowing anatomic resections. The putative benefits of its approach are the articulate arms facilitating traction and dissection of hilar structures with precise movements and tridimensional view. Both articulate mono and bipolar scalpels helped to work bi-axially on the liver wedge necessary to remove segments IVb/V with their pedicles.

#### Clinic, operative and postoperative data

Characteristic	Overall	1st case	2nd case	3rd case
Age	45 ± 11	53	33	49
Gender (Female)	2 (66.7%)	Fem	Male	Fem
Body mass index	30.9 ± 1	29.9	31.8	30.9
ASA score	II (66.7%)	II	I	II
Iwate criteria (difficult score)	4 (4-7)	4	4	7
Anatomical resection	1 (33.3%)	No	No	Yes
Node Harvesting (range)	4 (3-6)	6	3	4
Operative time (min)	392 ± 16	380	410	385
Estimated Blood Loss (ml)	186 ± 126	50	200	300

#### EP03E-015

### HOW EFFECTIVE IS ENDOSCOPIC STENTING IN MANAGEMENT OF POST-CHOLECYSTECTOMY BILE DUCT INJURIES – EXPERIENCE OF A TERTIARY CARE HEPATOBILIARY CENTER IN A DEVELOPING COUNTRY

C. Lakmal<sup>1</sup>, M. Nandasena<sup>2</sup>, B. Gamage<sup>2</sup>, T. Wijerathne<sup>2</sup> and A. Pathirana<sup>2</sup>

<sup>1</sup>Department of Surgery, University Surgical Unit, Colombo South Teaching Hospital, Sri Lanka, and

<sup>2</sup>Department of Surgery, Faculty of Medical Sciences, University of Sri Jayawardenapura, Sri Lanka

Post cholecystectomy ERCPs (suspecting IBDI) were analysed and categorized into Bismuth-Strasberg classification (A-E). E (1-5) were considered as major injuries. The stented patients were evaluated for symptom improvement, need of repeat endoscopy and complications.

Eighty seven IBDI was detected during ERCP (2007-2016, 70% following Laparoscopic cholecystectomy). Male:female was 1:3 and mean age was 38.6 years (range 28-70). 53% had minor injuries (Bismuth-Strasberg A-D). Cystic stump leak was the commonest single injury (36%). All the minor injuries (n = 46) were stented with 7Fr or 10 Fr plastic stents. All stented patients needed repeat ERCP (two monthly in most cases) with a median number of 5 (range 2-11) and 81% underwent serial dilatation and multiple stenting. All the patients had symptom improvement within three months of the initial intervention. In stented group 5 patients (10%) needed surgery as they developed chronic CBD stricture which were not improved with at least 6 attempts of serial dilatation (after 3 years of initial surgery). Zero mortality was reported in stented group.

Minor IBDI can be effectively managed with ERCP and stenting according to our data. Serial dilatation with repeated ERCP is needed in most of the cases but avoiding a major surgery would be an advantage. The number of serial dilations attempts before deciding on reconstructive surgery should be evaluated further as many patients improved after multiple attempts of dilatation.

#### EP03E-016

### SAFETY AND FEASIBILITY OF SOLO SINGLE-INCISION LAPAROSCOPIC CHOLECYSTECTOMY COMPARED TO CONVENTIONAL THREE-INCISION LAPAROSCOPIC CHOLECYSTECTOMY: A MULTICENTER COHORT STUDY

S. -W. Suh<sup>1</sup>, Y. Choi<sup>2</sup>, J. Jeong<sup>3</sup>, H. -S. Han<sup>4</sup>,

Y. -S. Yoon<sup>4</sup>, J. Y. Cho<sup>4</sup>, Y. S. Choi<sup>1</sup> and S. E. Lee<sup>1</sup>

<sup>1</sup>College of Medicine, Chung-Ang University, Republic of Korea, <sup>2</sup>Seoul National University Bundang Hospital, Seoul National University College of Medicine, Seongnam, Republic of Korea, <sup>3</sup>Soonchunhyang University College of Medicine, Republic of Korea, and <sup>4</sup>Seoul National University Bundang Hospital, Seoul National University College of Medicine, Seongnam, Republic of Korea

**Introduction:** A shortage of experienced surgical assistants makes difficulties in performing laparoscopic cholecystectomy (LC) that we introduced solo surgery by using a laparoscopic scope holder to maintain a stable surgical view. The aim of this study was to investigate the safety and feasibility of solo LC compared with conventional LC assisted by an experienced scopist.

**Methods:** A retrospective comparison of solo single-incision LC (group A, n = 566) and conventional three-incision LC (group B, n = 874) from January, 2013 to December, 2016 at multicenter was performed. Baseline characteristics, operative outcomes, and postoperative complications were compared.

**Results:** No significant differences in baseline characteris-

