



2nd International Surgery, Translational and Regenerative Medicine Conference

April 15-16, 2019 Valencia, Spain

Surgical (Open and Laparoscopic) Management of Large Difficult CBD Stones after Different Sessions of Endoscopic Failure

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Objectives: For complicated large difficult common bile duct (CBD) stones that cannot be extracted by ERCP, patients can be managed safely by open or laparoscopic CBD exploration. The aim of this study was to assess these surgical procedures of CBDE after endoscopic failure.

Methods: We retrospectively reviewed and analyzed 85 patients underwent surgical management of large difficult CBD stones after ERCP failure, in the period from the beginning of 2013 to the beginning of 2018. The overall male/female ratio was 27/58.

Results: Sixty-seven (78.8%) and 18 (21.2%) of our patients underwent single and multiple ERCP sessions respectively with a significant correlation between number of ERCP sessions and post-ERCP complications ($P=0.009$). An impacted large stone was the most frequent cause of ERCP failure (60%). Laparoscopic CBD exploration (LCBDE), open CBD exploration (OCBDE) and the converted cases were 24.7% ($n=21$), 70.6% ($n=60$) and 4.7% ($n=4$) respectively. Stone clearance rate post LCBDE and OCBDE reached 95.2% and 95% respectively ($P<0.05$), Eleven (12.9%) of our patients had postoperative complications (14.3% post LCBDE and 11.7% post OCBDE, $P<0.05$) without mortality. By comparing LCBDE and OCBDE groups; there was a significant association between the former and younger age, shorter referral time, more frequent choledochoscopy and longer operative time with independent correlation regarding operative time. On comparing, T-tube and Iry CBD closure in LCBDE group, there was significant longer operative time and post-operative hospital stays in the former. However, on comparing them in OCBDE group, there was a significant correlation between Iry CBD closure and a smaller diameter of CBD, single stone, choledochoscopy, shorter operative times and post-operative hospital stays. Further more, in OCBDE group, choledocopy had an independent direction to Iry CBD repair and significant association with higher stone clearance rate, shorter operative time and post-operative hospital stay.

Conclusion: Large difficult CBD stones can be managed either by open surgery or laparoscopically with acceptable comparable outcomes with no need for multiple ERCP sessions due to their related morbidities; furthermore, Open choledocopy has a good impact on stone clearance rate with direction towards doing primary repair that is better than T-tube regarding operative time and post-operative hospital stay.

Biography:

Dr. Emad Hamdy Gad is currently working as associate professor of surgery in the Department of Transplantation, Hepatobiliary & Pancreatic surgery, National Liver Institute, University of Minoufiya, Shibin El-Kom, Minoufiya, Egypt and Consultant, general surgery, hepatobiliary surgery in King Faisal hospital, Taif, KSA. He worked as specialist in general surgery in Alkanzoury private hospital in Cairo, Egypt from 2008 to 2014 (part time), He worked as consultant hepatopancreatobiliary and laparoscopic surgery in King Khaled hospital (General surgery and trauma hospital) in Hail in KSA for 6 months (Locum) from 2/2015 to 8/2015, He worked as consultant general surgery in Alnile hospital, Gherghada, Egypt from 3/2016 until 8/2016.