

## Surgical Outcome of Laparoscopic Cholecystectomy for Acute Gallbladder Diseases

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### ABSTRACT

**Background:** This have a look at evaluated the position of laparoscopic surgical procedure is the early control of acute gallbladder disease among a hundred and twenty patients in Shaheed Suhrawardy Medical College Hospital and Private Clinics of Dhaka City.

**Methods:** Information of all emergency admissions for acute gallbladder diseases from March 2014 to June 2016 was identified and additional data from the hospital facts become reviewed retrospectively.

**Results:** Hundred and twenty students are gallbladder disease (87 patients presented with acute biliary pain and 33 patients presented with acute cholecystitis). The conversion rate turned into better throughout early laparoscopic surgical treatment for acute calculous cholecystitis than in operations for acute biliary colic. In sufferers with acute calculous cholecystitis the conversion charge turned into extensively lower in operations within 48 hour of admission than when surgical procedure become not on time past 48 h or ultimately carried out electively.

**Conclusion:** Laparoscopic cholecystectomy for acute gallbladder diseases should be performed well and give positive feedback after the surgery.

**Keywords:** Laparoscopic Cholecystectomy, Acute Gallbladder Diseases, Better Outcome.

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### INTRODUCTION

The value of early laparoscopic cholecystectomy for acute calculous cholecystitis turned into nicely set up within the prelaparoscopic generation and early laparoscopic intervention has sooner or later been shown to offer an advanced outcome.<sup>1-6</sup> Regardless of this, many hospitals within the Dhaka do now not have a policy of early laparoscopic cholecystectomy for acute gallbladder disease. This could partially be related to ongoing concerns that conversion rates are better in the acute setting, partly to the reality that no longer all hospitals are not well equipped in emergency laparoscopic cholecystectomy, and additionally to resource regulations in lots of hospitals regarding early get entry to theatre for patients considered not to require 'urgent' surgical treatment. Conversion quotes for early

laparoscopic cholecystectomy in sufferers with acute cholecystitis varies from 5 to 30 percent, however top of the line timing for early operation is hard to evaluate because maximum reports did not compare surgery at exclusive time c programming language in the same admission, case blend variations and affected person selection. Laparoscopic cholecystectomy for an acutely inflamed gallbladder is technically more disturbing than surgery for acute biliary pain without infection (biliary colic), and the time interval from admission to surgical treatment may additionally affect conversion rates.<sup>7-9</sup> Other than difficult to understand biliary anatomy and bleeding, the motives for conversion to open surgical operation relate to the presence of inflammation in the acute placing and to adhesions in the optionally available setting.

**OBJECTIVE**

This look at examined the control of all patients admitted to the hospitals with acute gallbladder diseases over 2 years to evaluate the outcome of early laparoscopic surgical treatment.

**METHODS**

Information of all patients admitted to the general surgical unit of hospital are recorded prospectively. A total of 120 sufferers having an emergency admission for acute gallbladder disorder have been recognized between March 2014 and June 2016. This gadget records patients' diagnoses and operative information with the use of unique automatic gear and information layout. Additional statistics inclusive of ultrasonography reviews, blood consequences and histological findings were retrieved retrospectively from patients' notes or the medical institution data device. The prognosis of acute calculous cholecystitis in patients operated on throughout an acute admission changed into primarily based on histological evidence of acute inflammatory cells. While the affected person did not have early surgery, the diagnosis of acute cholecystitis become based totally on scientific functions (proper right higher quadrant tenderness without or with fever) and ultrasonographic confirmation of gallstones, with either ultrasonographic functions suggestive of infection (gallbladder wall thickness of more than 3 mm, oedematous wall, emphysematous wall, gallbladder distension, pericholecystic fluid, positive sonographic Murphy's signal) and/or leukocytosis more than  $11 \times 10^9/l$ .

**Statistical software**

For statistical analysis we use Microsoft excel.

**Table 1: Gender distribution table (n=120)**

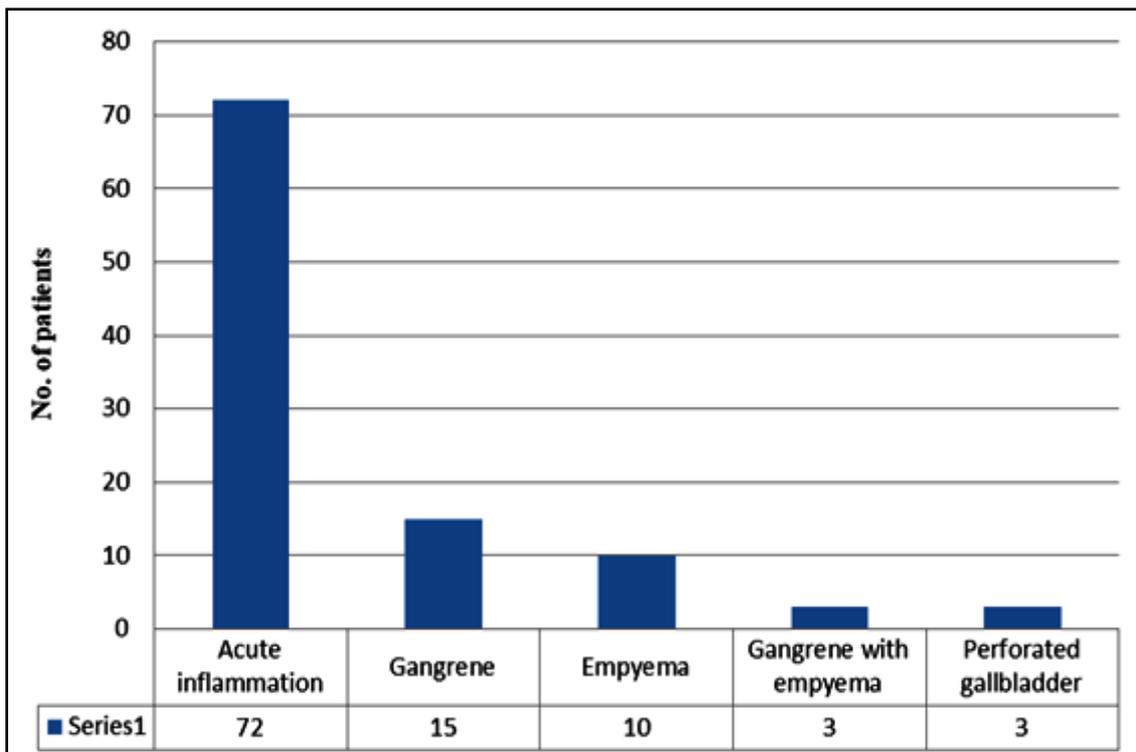
Gender	n	%
Male	12	10%
Female	108	90%

**Table 2: Patient distribution according to disease (n=120)**

Disease	n	%
Acute gallstone	114	95%
Acute acalculous cholecystitis	6	5%

**Table 3: Histological findings in patients with acute calculous cholecystitis who underwent early surgery**

	No. of patients (N=103)
Acute inflammation	72
Gangrene	15
Empyema	10
Gangrene with empyema	3
Perforated gallbladder	3



**Figure 1: Histological findings in patients with acute calculous cholecystitis.**

**RESULTS**

Among 120 patients 95% patients (114 patients) had acute gallstone disease and left 5% person had (6 patients) acute acalculous cholecystitis. Patient with gallstone disease had 97 women patients (85%) and 17 patients are male.

**Outcome of the Surgery**

Among 114 patients (87 female and 17 male patients) with gallbladder diseases. Laparoscopic cholecystectomy was attempted in 103 patients (90 per cent) and 11 (10 per cent) had open cholecystectomy.

Neither there was a full-size difference in the conversion price of laparoscopic operations (early or not on time) for acute biliary pain performed.

## DISCUSSION

This look at has confirmed and in addition clarified the results of different reports displaying the benefits of early laparoscopic cholecystectomy in sufferers with acute calculous gallbladder disorders.<sup>10,11</sup> There is now right proof to guide early operative management in patients match for surgery, which needs to be performed laparoscopically within forty eight h of admission, in which viable.<sup>6-11</sup> If the affected person is not able to go through surgical treatment inside 48 h, it's miles nevertheless worth proceeding with the operation within the same acute placing as, due to the formation of dense inflammatory adhesions, the conversion rate is just like that for patients returning at a later date for an non-compulsory manner. The better complication price in patients present process not on time surgical operation both greater than forty eight hours after admission or eventually as an non-obligatory system—also helps a policy of early laparoscopic surgery. However, an appropriate c programming language from admission to early surgical operation has but to be agreed universally. Differences in the conclusions of diverse research may be defined by methodological versions, which include the time c language being from onset of signs to surgical operation or from time of admission to surgical procedure. Similarly, a few researches have combined data from sufferers with acute cholecystitis and people with simple acute biliary pain. Maximum studies have pronounced an top-quality delay to surgical operation of between 72 and 96 hrs, however some discovered no impact of a extended delay on conversion charge.<sup>12-15</sup> Consistent with the prevailing outcomes, an most efficient maximum postpone of 48 h changed into proposed in other research.

## CONCLUSION

There is, of route, a set of patients with calculous or acalculous cholecystitis who aren't in shape for early cholecystectomy, in whom management frequently poses a undertaking to the surgeons. Recent reports have recommended that those excessive-chance patients, who're regularly sick from different situations, should be controlled by way of cholecystostomy in the first instance they'll now not require subsequent cholecystectomy in any respect, particularly the ones without stones. This is certainly becoming the authors' coverage, except where the patient's clinical circumstance improves rapidly after the preliminary non-operative control and affirmation of diagnosis.

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