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Modified ‘fundus first’ approach in single incision laparoscopic cholecystectomy

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Introduction

Although single incision laparoscopic cholecystectomy (SILC) is becoming common, Calot’s triangle dissection is still the most difficult part of the procedure in the cases of anatomical variance or inflammation of the cystic duct. We would like to report the outcomes of modified ‘fundus first’ technique in single incision laparoscopic cholecystectomy.

Methods

We retrospectively reviewed our series of 66 SILCs performed between May 2015 and Jan 2018. Among them, 14 SILCs were performed with ‘fundus first’ approach and 52 with ‘Calot first’. Modified ‘fundus first’ technique was performed with red finger’ method for liver retraction. We compared both group clinical characteristics and surgical outcomes.

Results

Of 66 patients, 21 were male and 45 were female. The significantly higher proportion of ‘fundus first’ group had gall stones (92% vs 65.3%, P=0.044) and higher BMI (26.6 vs 23.5, p=0.001) than control group. There is no statistically significant difference in preoperative age, acute or chronic cholecystitis, gallbladder perforation during operation, operation time, and postoperative hospital stay between the two groups. There were one wound seroma, one intraabdominal infection, one fascia dehiscence, one bile leakage from cystic duct, one conversion to conventional laparoscopic cholecystectomy and one open conversion due to Rt. Posterior hepatic duct injury in ‘Calot first’ group. Meanwhile, one wound seroma, one wound infection and no conversion in ‘fundus first’ group.

Conclusion

Modified ‘Fundus first’ approach of SILC is safe and feasible. Therefore, ‘Fundus first’ procedure can be applied to the patient who have difficulty to dissection Calot’s triangle especially.