



## **Mini- Cholecystectomy versus Conventional and Laparoscopic Cholecystectomy**

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### **Abstract**

The purpose of this study is to analyze the advantages of Mini cholecystectomy (m.c) Via 5 cm. transverse subcostal incision in comparison to conventional cholecystectomy (c.c) i.e 10 -15 cm. kocher incision & laparoscopic cholecystectomy (L.c).

**Keywords:** Mini cholecystectomy, laparoscopic cholecystectomy, conventional cholecystectomy.

### **Introduction**

Cholecystitis is common disease in our province (Deyala), mostly calculous type. In facing cholelithiasis surgeons have long realized that surgical wounds does contribute to morbidity, mortality. Described as early as 1982 (m.c) is an indication. That surgeons making an attempt to reduce this morbidity . A technique that boasts. Many of the same benefits without the problems inherent in (L.c) e.g bile leakage, Conversion to open cholecystectomy, bleeding control. Beside that in (m.c) approach Consistency of pathology e.g pancreas, liver, duodenum pathologies can be assessed, palpated and under vision control of bleeding.

### **Patients and Methods**

From the period of Ist. Feb.2018 to 28<sup>th</sup> Feb. 2018 a prospective study of 353 cases (proved by U/S to have Cholelithiasis) underwent surgery (m.c) through 5 cm. transverse subcostal incision.

(248 female, 105 males), preoperative medical assessments, investigations were done.

62 cases were smokers,60 patients on Anti-ulcer therapy (misdiagnosed as peptic ulcer diseases ),155 cases were obese , 3 cases belonged to the same family, younger Patients in the study aged (18 & 20 &28 years ) .The elder (oldest) patient was 115 year old woman ( her offspring Nr was 109). Mean age was 42 years.

### **Results**

In despite of these facts we know;

1. Minimal invasive or Access surgery –MIS or MAS - e.g laparoscopic surgery is anew revolution in modern surgery by minimizing Trauma, operative complications ,superior to the old operations techniques .

2. Diseases That harm call for treatments that harm less –Sir .William Osler 1849-1919 oxford .

3. The cleaner & gentler the act of operation ,the less the patient suffer, the smoother & quicker his convalescence, the exquisite his healed wound –Lord Moynihan of Leeds .

4 .Minimal access surgery has changed practice but not the nature of the disease, previously said that Big surgeons do big ,large incisions or wounds whereas Nowadays small wounds commonly made by skilled, big surgeons) and because of Embargo (Blockade,

siege ) on Iraq due to wars, non availability of costly laparoscopic Equipments.

I had practiced (m.c) which I found to be better than (c.c) regarding Short hospital stay ,smaller incision that enables rapid recovery, less need of analgesia, Less cost ,early patient's return to normal life(work, activities).Patient was satisfied to have a pleasant cosmetical wound of 3-4 stiches, less incidence of incisional hernia , Common bile duct exploration can be done peacefully .

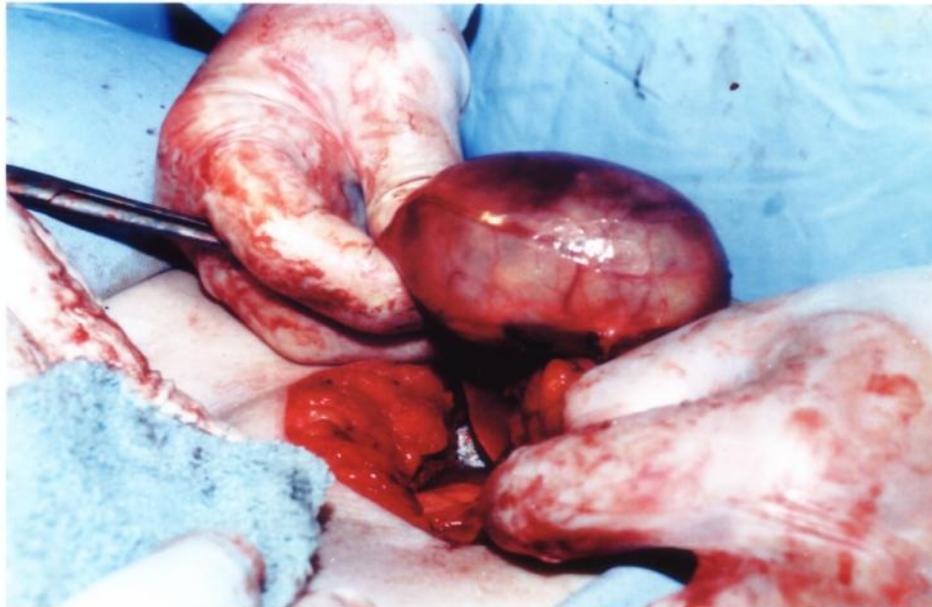
m.c procedure is suitable in our Deyala province , can be accepted as viable alternative but not superior to L.c.



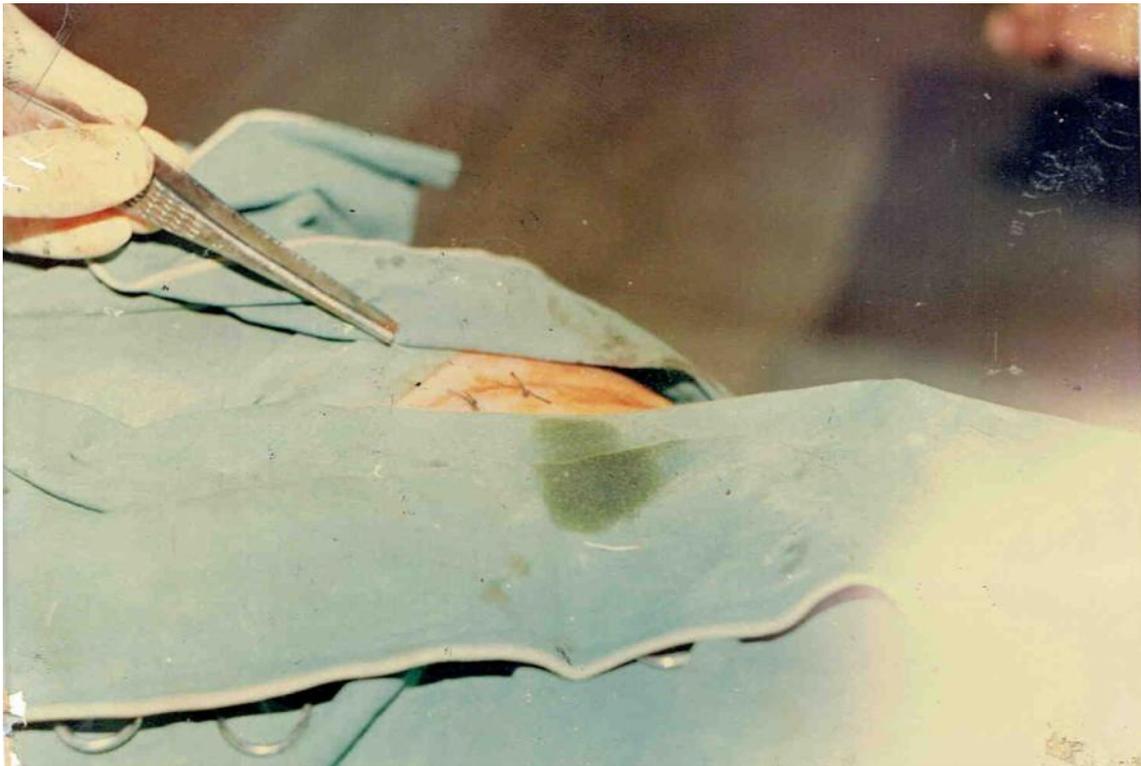
40 years old female (20<sup>th</sup> Dec,2002)  
Baaqubah General hospital ,Iraq-Deyala  
Mini – Cholecystectomy  
4cm wound, 3 stiches



840 Gall Stones  
Age: 86 year old woman  
Date of operation : 1<sup>st</sup>, March 2001  
Deyala Private Hospital  
Mini – cholecystectomy



3 Stiches , 4 cm wound length ,age 50 years male , operation date 1996,Baaqubah General Hospital ,  
Mini – cholecystectomy



#### Advantages;

1. Mean operation time = 45-65 minutes, 30 cases op. time was 35 minutes.
2. Low post. operative chest infection ( only 16 cases; 9 males+7 females )
3. Minimal Wound infection& DVT (13 cases ; 8 males+5 females with concomitant diabetes mellitus, COAD ).
4. Easy control of intra operative bleeding (8 cases).
5. No CBD injury.
6. No G.B perforation or spillage of bile, stones.
7. Mean hospital stay = 2 days i.e early mobility.
8. Less need for post operative analgesia.
9. No need to conversion to open or conventional cholecystectomy.
10. Extremely low incidence of delayed jaundice (4 cases of residual, missed stones managed by ERCP).
11. CBD exploration is feasible in m.c (performed in 20 cases).
12. No post operative bleeding.
13. Intra operative finding of other pathology (ca. pancrease, liver tumour not evident by pre operative investigations.
14. Wound length = 5-6 cm, 3-4 stiches.
15. No need for blood transfusion.
16. Patient's satisfaction was gained in all the operated cases (pleasant cosmetic result).

#### Conclusion

1. m.c is minimal invasive surgical approach .
2. By performing m.c Ensurance of rapid recovery can be obtained.
3. Less chance of complications.
4. Morbidity & Mortality are comparable.

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| DOI:10.22192/ijarbs.2018.05.05.005   |  |

**How to cite this article:**

Ali Saihood Abed AL-Rubaye, Mohammed Atiyah Farhan. (2018). Mini- Cholecystectomy versus Conventional and Laparoscopic Cholecystectomy. Int. J. Adv. Res. Biol. Sci. 5(5): 45-49.  
DOI: <http://dx.doi.org/10.22192/ijarbs.2018.05.05.005>