A study of conversion of laparoscopic to open cholecystectomy in teaching hospital.

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Abstract:

Background and aims: To study the factors in conversion of laparoscopic to open cholecystectomy and establish the common causes of conversion, which can help in quick decision of conversion and to avoid complications of late conversion. Material & Methods: This is a prospective study over a period of 24 months (August 2015 to August 2017) in teaching institute. **Result:** In our study total of 1436 laparoscopic cholecystectomies were attempted, out of which 91 converted to open; thus, the conversion rate was 6.3%. Conversion rate is higher among males (6.7%) and more in elderly (8.9%) with majority of converted patients had duration of illness for >6 months and 67% had a preoperative diagnosis of Chronic cholecystitis. In more than 50% of cases, the per-operative finding that led to conversion was unclear calot's triangle anatomy. 8.79% of the cases those were converted were post Endoscopic Retrograde Pancreatico-cholangiography. In 11% of cases bleeding was important cause of conversion and in majority of cases; conversion was required in the first hour of laparoscopic surgery. Conclusion: Factors which influence the conversion include male patient, advancing age and duration of illness of more than 6 months with recurrent attacks of cholecystitis and presence of Diabetes. Most important intra-operative factors that influence the conversion include adhesions, oedema and fibrosis with unclear calot's triangle anatomy. Being able to accurately predict the chance of conversion preoperatively would be beneficial; the patient could be forewarned and the surgeon could prepare for a possible longer and more difficult procedure as conversion from laparoscopic to open cholecystectomy results in a significant change in the outcome for the patient.

Keywords: - Conversion rate, Laparoscopic cholecystectomy, Teaching hospital.

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