

Laparoscopic versus open cholecystectomy in high risky patients” An-Najah National University, Faculty of Medicine and Health Science, 2011-2012

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Abstract :

Laparoscopic cholecystectomy (LC) is a minimal invasive procedure , however ,in elderly patients the situation is not the same . the aim of this study is to compare the LC with open cholecystectomy (OC) and to define significant predictors of complications after surgery in elderly patients. the records of patient who underwent LC or OC in Rafidia surgical hospital , from Jan/2009 to May/2011 were reviewed . the study cohort was divided into three groups , group1 (60 -70 years) , group2 (70-80 years) , and group3 (> 80 years). The pre-, intra- and post –operative parameters including age, gender,length of stay (LOS) , complications, conversion rate ,and mortality were reviewed for each group. Risk factors were examined using uni- and multivariate analysis. Total of 124 patients were included : 58 patients (46.8%) underwent LC and 66 patients (53.2%) had OC . the females were the dominant gender in both types of operation . patients who underwent OC were older ,and more comorbidity and more emergency surgery than LC patients . the percentage of male gender, emergent surgeries, presence of acute inflammation , more comorbid diseases and increased time to surgery than LC patients . the percentage of male gender , emergent surgeries, presence of acute inflammation, more comorbid diseases and increased time to surgery from addition increase with age. Conversion rate was found to be 10.34% . LOS was longer in OC than in LC (mean 7.38 day and 5.21, respectively, p 0.013). Complication rate was significantly lower in LC 27.6% than in OC 48.5% (p0.017). Male gender (p<.0001) , presence of comorbidity (p0.007) and increased time to surgery (p < .0001) were all significantly associated with the incidence of complications. Shorter LOS, lower post-operative complications and lower mortality rate are among the most important considerations of LC. We believe that LC is a feasible and safe procedure with a pleased comparable result to OC in elderly patients with Gallbladder disease