

بسم الله الرحمن الرحيم



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شبكة المعلومات الجامعية التوثيق الالكتروني والميكرونيلم





جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

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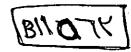
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Intra - operative choledochoscopy in Biliary surgery

Thesis submitted for partial fulfillment of master degree in general surgery

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Abbreviations

Alk. Phosph. = Alkaline Phosphatase

CBD = Common Bile Duct

CD = Cystic Duct

CHD = Common Hepatic Duct

CT = Computed Tomography

ERCP = Endoscopic Retrograde Cholangio-Pancreatography

S. amylase = Serum Amylase

S. Bil. = Serum Bilirubin

SGOT = Serum Glutamic Oxaloacitic Transaminase

SGPT = **Serum Glutamic Pyruvic Transaminase**

U/S = Ultrasonography

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Introduction

Today visual inspection of the gut by endoscopy has replaced the barium study as the definite diagnostic examination. The application of endoscopy to the biliary tract is not surprising. (*Jeppsson and Bengmark*, 1989)

Despite the use of routine cholangiography, the risk of negative common bile duct exploration remains at a high level (22 - 33 %). (Stark and Laughy, 1980)

Common bile duct exploration is associated with high morbidity and mortality rates (45 % and 7.4 % respectively) especially in elderly patients. The mortality rate after negative exploration of common bile duct is at least double that of cholecystectomy alone . (*Sheridan et al.*, 1987)

Choledochoscopy is a new operative technique which visualizes the entire biliary system not only the common bile duct. The introduction of this modern endoscope has a pronounced impact on the results of CBD exploration, the high incidence of retained "missed " stones is markedly reduced by choledochoscopy up to zero. (*Nora et al., 1977*)

The use of choledochoscopy in common bile duct exploration via cystic duct is essential to avoid negative common bile exploration. (*Rooney et al, 1991*)

Incidental bile duct lesions such as cancer and its accurate staging can be described by choledochoscopy. (*Tompkins et al.*, 1976)

The use of choledochoscopy has no rise in the complication rate even in difficult clinical situations such as intra-hepatic stones, congenital biliary lesions, strictures and cholangitis, (Dayton et al, 1984)

Most surgeons do common bile duct exploration by "blind" procedures using instrumentations that may damage the lining of the bile duct and stones may be missed. So, visualization of the interior of the bile duct by choledochoscopy helps the surgeons to avoid "blind" manipulation. (*King and String*, 1983)

Aim Of the work

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Aim of the work is to evaluate the role of choledochoscopy during common bile duct expolration