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بالرسالة صفحات لم ترد بالاصل

Evaluation of peroperative
cholangiography through
the gallbladder
(cholecysto-cholangiography) during
laparoscopic cholecystectomy

THESIS

SUBMITTED FOR PARTIAL FUFILLMENT OF MASTER DEGREE
IN GENERAL SURGERY

INVESTIGATOR

Mohamed Ahmed Tawfik

M.B; B.Ch,
Cairo University

SUPERVISORS

PROF. DR. MOHAMED KADRY MOHAMED KADRY

Professor of General & Plastic Surgery
Faculty of Medicine
Cairo University

PROF. DR. IBRAHIM GALAL KHALIFA

Professor of General & Plastic Surgery
Faculty of Medicine
Cairo University

DR. AYMAN IHAB NAFEH

Assistant Professor of General Surgery
Theodore Bilharz Research Institute
Ministry of Higher Education and Scientific Research

Faculty of Medicine
Cairo University

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محضر

اجتماع لجنة الحكم على الرسالة المقدمة من
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تحت عنوان : باللغة الانجليزية : Evaluation of peroperative
Cholangiography Through The Gall bladder [Cholecystocholangiography]
During Laparoscopic Cholecystectomy

باللغة العربية : تقوم استاذة الاستاذ المساعد د. محمد
المرارة لتقرير القصة المرضية استاذة عليه
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الممتحن الخارجى

محمد عاصم

محمد عاصم

محمد عاصم

عصام

ABSTRACT

Numerous techniques for cholangiography during laparoscopic cholecystectomy have been described; almost all of which require cannulation of the cystic duct. For the infrequent user, it can be time consuming and difficult procedure. The wide variety of techniques, catheters and forceps used to aid cannulation testify to this difficulty. 10 patients with symptomizing gallbladder stones were studied in this series. 5 of them were evaluated for cholecysto-cholangiography and the other 5 for transcystic-cholangiography. The success rate in cholecysto-cholangiography approached 80% with excellent quality films obtained. Delineation of anatomy approached 85% ;75% for transcystic cholangiography; and exposure time to radiation compares favourably with cystic duct cannulation with a mean time 2.4mins. Cholecysto-cholangiography added less than 11mins to the procedure; mean 10.4mins, while transcystic cholangiography added an extra 30mins; mean 31mins. There were no cholangiogram related complications or false positive findings in our series with a smooth follow up period for one month. Our early experience with the procedure of cholecysto-cholangiography, and based upon the results of our study we conclude that laparoscopic cholecysto-cholangiography is a safe, simple ,quick and inexpensive method of intraoperative cholangiography that can be used as an alternative to cystic duct cholangiography ;with virtually no 'learning curve'; to identify biliary anatomy prior to laparoscopic dissection whereby possible iatrogenic injury to the hepatic or common bile duct can be avoided. The acceptance of this procedure may encourage surgeons to perform cholangiography during laparoscopic cholecystectomy.

KEYWORDS: cholangiography, cholecysto-cholangiography, laparoscopic cholecystectomy.

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