

بِسْمِ اللّٰهِ الرَّحْمٰنِ الرَّحِیْمِ





شبكة المعلومات الجامعية التوثيق الالكتروني والميكروفيلم



جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

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B1V0EC

DIFFICULTIES IN LAPAROSCOPIC CHOLECYSTECTOMY

Thesis

**Submitted for partial fulfillment of the
M.D. degree in general surgery**

By

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TO THE SOUL OF MY FATHER,
MY MOTHER, MY WIFE,
MY BROTHERS AND
MY SISTERS

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

"و ليعلم الذين أوتوا العلم
أنه الحق من ربك فيؤمنوا
به فتخبت له قلوبهم و إن
الله لهاد الذين آمنوا إلى
صراط مستقيم"

صدق الله العظيم

سورة الحج آية (٥٤)

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**INTRODUCTION
AND AIM OF THE WORK**

INTRODUCTION

In the past few years laparoscopic cholecystectomy has replaced open cholecystectomy as the gold standard treatment because of the reduction in postoperative pain and pulmonary dysfunction, shorter hospital stay and more rapid return to normal activity (*McMahon, 1994*).

Initially laparoscopic cholecystectomy was limited to selected patients but at present with the increase of the surgeon's experience there is no absolute contraindications exist to starting cholecystectomy by introducing the laparoscope (*Haracio, et al., 1994*).

Performance of a safe laparoscopic cholecystectomy begins with the preoperative evaluation. Clinical, laboratory and radiologic criteria identify difficult situations. A history of extensive previous abdominal surgery, cirrhosis or portal hypertension, morbid obesity, multiple repeated attacks, the presence of a palpable gallbladder, and manifestations of acute and complicated chronic disease are obvious indicators that the situation is not routine. Similarly, the presence of an enlarged liver, a gallbladder packed full of calculi, or a calcified gallbladder indicate a more difficult operation (*Horacio et al., 1994*).

Rossi et al., 1992, found that difficulties tend to arise in the presence of chronic scarring or fibrosis, acute inflammation, bleeding, or fat in the porta hepatis. Inflammation and scarring distort the usual anatomy of Calot's triangle. Hemorrhage is a particular risk.

In most cases, laparoscopic cholecystectomy proceeds without difficulty however, problems are encountered in many cases and a plan of action that prepares the surgeon to recognize and manage difficult situations mandatory (*John & Graber 1993*).