

MEETING ABSTRACT

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ERCP and laparoscopic cholecystectomy in a combined (one-step) procedure with a novel technique

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Background

This study compared the benefit of the novel one-step procedure for the management of calculous biliary disease.

Methods

A retrospective review of 25 geriatric patients was conducted one-step procedure with positionment of loop in jejunum for reductions a little bowel distention. In 24 of the patients, the one-step technique was successful (96 %); in the remaining 1 patient (4%), conversion open technique was necessary; in this case not positionment of loop in jejunum. We define the one-step procedure to be a laparoscopic cholecystectomy with IOC to confirm the presence of stone, to be a gold standard; intraoperative ERCP with stone extraction was conducted if necessary as part of the one-step procedure.

Result

This technique evidence a statistically significant difference of the hospital cost, such as the length of the stay and pre operative day and reduce the high conversion rate with alternatively technique in two-step. The incidence of overall complications was lower in the one-step technique. The findings showed that one-step technique was associated with less clinical pancreatitis respect at the two-stage technique.

Conclusion

A laparoscopic cholecystectomy after ES is lengthier and more difficult than in uncomplicated cholelithiasis and should therefore be performed by an experienced surgeon.

This new technique appears to be a significant conversion reduction versus two step procedure, and reduce the cost of hospitality and length of stay and preoperative days. Further research with a larger study population is necessary to determine the additional benefits of this procedure.

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References

1. Noel R, Enochsson L, Swahn F, Löhr M, Nilsson M, Permert J, Arnelo U: A 10-year study of rendezvous intraoperative endoscopic retrograde cholangiography during cholecystectomy and the risk of post-ERCP pancreatitis. *Surg Endosc* 2013.
2. Reinders JS, Gourma DJ, Heisterkamp J, Tromp E, van Ramshorst B, Boerma D: Laparoscopic cholecystectomy is more difficult after a previous endoscopic retrograde cholangiography. *HPB (Oxford)* 2013, **15**(3):230-4.
3. Wang B, Guo Z, Liu Z, Wang Y, Si Y, Zhu Y, Jin M: Preoperative versus intraoperative endoscopic sphincterotomy in patients with gallbladder and suspected common bile duct stones: system review and meta-analysis. *Surg Endosc* 2013.
4. Jones M, Johnson M, Samourjian E, Schlauch K, Ozobia N: ERCP and laparoscopic cholecystectomy in a combined (one-step) procedure: a random comparison to the standard (two-step) procedure. *Surg Endosc* 2012.
5. Pereira-Graterol F, Venales-Barrios Y, Bousquet-Suárez J, Cáceres-Cauro A, Romero-Bravo C, Moreno-Rodríguez J, Rodríguez-Perero L: [The "rendezvous" maneuver as a technical option to access the bile ducts: Case series report]. *Rev Gastroenterol Mex* 2012, **77**(4):224-8.
6. Arezzo A, Vettoretto N, Famiglietti F, Moja L, Morino M: Laparoendoscopic rendezvous reduces perioperative morbidity and risk of pancreatitis. *Surg Endosc* 2013, **27**(4):1055-60, doi: 10.1007/s00464-012-2562-3.

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