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ABSTRACTS

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EVALUATION OF LAPAROSCOPIC CHOLECYSTECTOMY TIMING IN THE MANAGEMENT OF ACUTE BILIARY PANCREATITIS

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Background/Purpose: Laparoscopic management of gall stones is considered the standard treatment. Some consider acute biliary pancreatitis a contraindication for laparoscopic cholecystectomy, whilst others advocate early surgery performance shortly after resolution of pancreatitis. Others consider cholecystectomy is better done after a period of time. The role of endoscopic sphincterotomy remains a dilemma whether to replace cholecystectomy or not.

The aim of the work is to evaluate the outcome of the two approaches, whether early or interval cholecystectomy.

Methods: This prospective study was carried out on 40 patients from March 2010 to March 2012. The operations were done in the Surgery Unit of the Upper Gastrointestinal tract, at the Faculty of Medicine, Alexandria, Egypt. Patients were divided into 2 groups according to the time of performance of laparoscopic cholecystectomy.

Results: Early laparoscopic cholecystectomy was done in 20 patients. Conversion was done in two cases (10%) due to excessive bleeding and friable tissues. Interval cholecystectomy was done in another 20 patients after 6–8 weeks with conversion in one case. The commonest complication was recurrent biliary events.

Conclusions: Early cholecystectomy is better than interval cholecystectomy. Interval cholecystectomy may resultin recurrent biliary events which may increase morbidity and hospital stay. MRCP is better to be included in the study.

The increase of intra-abdominal pressure can affect intra-ocular pressure.

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Objective: This study aims to explore the usage of intraocular pressure measurements as the early indicator of the increase in intra-abdominal pressure.

Methods: In this prospective study, 40 patients undergoing elective surgery were included. Patients were divided into four groups of 10 patients. The control group (Group C) was not subjected to laparoscopic intervention. Laparoscopic surgery was respectively performed with an intra-abdominal pressure of 9, 12 and 15 mmHg in Groups L (low), M (medium), and H (high pressure). Intraocular pressure was measured binocularly in each patient at three different time (before, during and end of surgery) using a contact tonometer.

Results: Patients' gender, age, body mass index (BMI), American Society of Anesthesiology (ASA) class, and operative times were not different among the groups. No complications occurred with either the surgery or measurement of intraocular pressure. Intubation was associated with a severe rise in IOP ($P < 0.05$). An increase in intraocular pressure were seen in groups M and H ($P < 0.05$).

Conclusion: Intraocular pressure was increased in the groups with an intra-abdominal pressure of 12 mmHg or more. Measuring the intraocular pressure might be a useful method to estimate the intra-abdominal pressure.

Keywords: Intra-abdominal pressure, intraocular pressure, abdominal hypertension, laparoscopy, critical care

The Affect Of Intraperitoneal Ropivacaine And Incisional Bupivacaine Combination To The Comfort Of The Patient By Laparoscopic Cholecystectomy Operation

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Purpose: In this study, our aim was to investigate the affect of intraperitoneal ropivacaine combined with postoperative incisional bupivacaine application to the pain level and patient comfort after laparoscopic cholecystectomy.

Methods: In our clinic, 53 ASA-I and II patients who were subjected to elective laparoscopic cholecystectomy were included in the study. 27 of the patients comprised the working group (Group 1), and 26 of them the control group (Group 2). In the working group, intraperitoneal 40 ml ropivacaine and at the end of the operation totally 10 ml of 2%-bupivacaine were injected to the trocar-sites, under the skin and to the fascia layer. For pain evaluation, VAS (visual analog scala) scores, nausea and vomiting, sedation level were evaluated and recorded when the patient was transported to postanesthesia care unit immediately and at 2, 4, 8, 12, 18 and 24. hours after the operation. Postoperative analgesia was provided by patient controlled intramuscular diclofenac sodium.

Findings: Whereas the VAS scores in Group 1 were found meaningfully low compared to Group 2 (p0.05), this difference was only at 24. hour statistically meaningless (p0.05). The amount of postoperative intramuscular diclofenac sodium used by patients was found in Group1 meaningfully low (p0.05).

Conclusion: The combination of intraperitoneal ropivacaine and local postincisional bupivacaine applied in laparoscopic cholecystectomy provided a positive affect on the comfort of the patient in the time of recovery by decreasing the postoperative pain and the need for analgesics meaningfully.

SURGICAL TACTICS OF SEVERE ACUTE PANCREATITIS

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Objective: to analyze the effectiveness of severe acute pancreatitis surgical treatment.

Methods: we have analyzed the result of surgical treatment of 238 patients with severe acute pancreatitis. The patients ' age ranged from 18 to 82 years. The male patients were 132 (55, 46%), women - 106 (44, 54%). Before admission to the clinic disease duration up to 24 hours had 55, 88%, from 24 to 72 hours - 31, 51%, more than 72 hours - 12, 61% of patients. The cause of the disease in 68, 08% of patients were diet violation, 26, 47% - biliary tract diseases, other reasons - 5, 47%. There were used method of ultrasound and computerized tomography in the dynamics. All patients received a standard conservative therapy.

Results: In a case of enzymatic peritonitis was performed laparoscopic sanitation with subsequent drainage of the abdominal cavity. In a biliary pancreatitis case was performed laparoscopic cholecystectomy with drainage of the choledochus and abdominal cavity.The pancreatic necrosis was diagnosed in 72 (30, 25%) patients, of whom 37 (51, 39%) patients were identified abscess formation. In 35% of cases underwent laparoscopic sanitation with subsequent drainage, 65% of patients underwent open surgical intervention with removal of necrotic pancreas sequestrum, drainage of the abdominal cavity and retroperitoneal space. Mortality among patients with pancreatic necrosis was 29, 17% (21 people).

Conclusion: Up to 45% of patients with severe acute pancreatitis admitted to the hospital in more than 24 hours from onset that worsened their common condition. With aseptic pancreatitis is optimal laparoscopic surgery. In cases of necrotic lesions have been preferred mini-invasive method combined with laparotomy and adequate abdominal and retroperitoneal drainage.

Clinical Analysis and Review of Literature: Breast Lactation after Laparoscopic Cholecystectomy in Non-lactation Period

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Purposes: To analyze reasons of breast lactation after laparoscopic cholecystectomy in non-lactation period

Methods: 2 patients with breast lactation after laparoscopic cholecystectomy in non-lactation period were analyzed who were in hospital in our department in February, 2012 -November, 2013

Results: Two patients stopped breast-feeding 14-16 years before, normal menstruation, no history of abnormal lactation, no relevant pathological factors and they lactated on the postoperative 3-4 days.

Conclusions: we found that factors of breast lactation were narcotic and analgesic effect, mental and physical stimulation, regardless of the cholecystectomy itself

Breast lactation was very rare after laparoscopic cholecystectomy in non-lactation period. We analyzed 2 patients with breast lactation after laparoscopic cholecystectomy in non-lactation period, and we found that factors of breast lactation were narcotic and analgesic effect, mental and physical stimulation, regardless of the cholecystectomy itself.

Keywords: Clinical analysis, lactation, laparoscopic cholecystectomy

The impact of nutritional status on postoperative recovery of patients undergoing pancreatoduodenectomy: a muitivariate analysis of 560 patients

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Background: Although malnutrition was found to increase the risk of intra-abdominal and systemic complications in surgical patients, data for pancreatic resections are limited.

Methods: Five hundred and sixty consecutive patients undergoing pancreatoduodenectomy as the primary procedure for pancreatic pathology between 1995 and 2013 were reviewed to identify risk factors for postoperative complications and determine the impact of nutritional status. Nutritional assessment was performed with clinical and laboratory variables, including unintentional weight loss, body mass index, blood albumin level and lymphocyte count, as well as Nutritional Risk Index (NRI) and Instant Nutritional Assessment (INA) scores.

Results: Two hundred and fifty seven (46%) patients developed one or more complications and the overall in-hospital mortality rate was 5%. In the univariate analysis, the incidence of malnutrition was significantly higher in patients who developed complications. Multivariate analysis demonstrated that NRI and INA corresponding to malnutrition were independent predictors of postoperative morbidity with an odds ratio of 4.22 (95% CI, 1.23 to 14.33) and 3.54 (95% CI, 1.18 to 10.21), respectively.

Conclusion: Malnutrition, as defined by composite nutritional assessment scales consisting of clinical and laboratory parameters, is a major risk factor for postoperative morbidity following pancreatoduodenectomy.

Biliary compiications after liver transpiantation

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Introduction: Although previous studies reported 50% mortality and 23-30% morbidity rates, advancements in surgical technique, immunosuppression and organ preservation enabled to decrease these rates to 5-32% for morbidity and 19% for mortality.

Patients and Methods: Between February 1997 and February 2014, 500 LT in 494 patients (213(42.6%) deceased donor LT (DDLT), 281(56.2%) living donor LT (LDLT) and 6(1.2%) retransplantation were performed. Biliobiliary, bilioenteric and combined biliobiliary/bilioenteric anastomosis were performed in 317(63.4%), 180(36.0%) and 3(0.6%) LT.