

EARLY OUTCOMES OF LAPAROSCOPIC CHOLECYSTECTOMY AMONG PATIENTS IN DAR ES SALAAM HOSPITALS FROM APRIL-JUNE 2023

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ABSTRACT

Background: Cholecystectomy is a surgical removal of the gall bladder. It can be done laparoscopically or by open surgery. The traditional open cholecystectomy (OC) has been replaced with laparoscopic cholecystectomy (LC), which is regarded as the gold standard for treating symptomatic gall bladder stones. In High Income Countries, laparoscopic procedures are currently used to manage both simple and complicated biliary diseases surgically. Available published data reveal the superiority of the laparoscopic cholecystectomy include reduced subjective incapacity for work, a shorter postoperative stay, less pain medication, less wound dressing, quicker return to normal food intake, and smaller scars.

Aim: The aim of the study is to assess the early outcomes of laparoscopy cholecystectomy among patient in Dar es Salaam Hospital.

Methodology: The study was conducted from April to June 2023 which included all the patients who have undergone laparoscopic cholecystectomy in Dar es Salaam at Kairuki Hospital and Muhimbili National Hospital. It is a hospital-based prospective exploratory observational study. Data was analyzed by using STATA, an integrated statistical software package. Bivariate and multivariate analyses was used to find association between dependent and independent variables.

Results: A total of 50 patients were enrolled in the study based on the inclusion and exclusion criteria outlined above. Majority of the study population were females amounting to 43(86%) with a female to male ratio of 6:1. The mean age of the study population was 49.4 ± 9.4 years. The mean BMI was 26.4 ± 2.9 . Patients who were hypertensive were 25 (50%) and diabetic were 19(38%). The median duration of operation time was 90 minutes (range: 80 120). Patients who developed complications

were 21(42%).The predominant complication was surgical site infection at 8(16%), followed by spillage of gall stones 5(10%), bleeding from cystic artery 2(4%), bleeding from gall bladder fossa 2(4%), port site bleeding 2(4%) and bile leak 1(2%).In our study, bowel injury, intra-operative and postoperative death did not occur. The median hospital stay was 2 days. There were 2 conversions to open cholecystectomy in this study giving a conversion rate of 4%.

Conclusion: The surgical experience and laparoscopic techniques have demonstrated that laparoscopic cholecystectomy is a safe and successful procedure in our setting to the accepted standard as compared to the national and international research. We believe that the advantages of laparoscopic surgery are even higher in the developing world, where there is a high demand for hospital beds, widespread lack of health insurance and a financial need for an early return to work.

Recommendation: In our study surgical site infection (16%) was the leading complication followed by bleeding. These complications can be reduced by availability of instruments such as endo-bags which would reduce the surgical site infection, clip applicators and clips would reduce the risk of bleeding and also reduce the duration of surgery. Proper training of new surgeons are the main areas of concern to further improve the outcome of LC.