

Prof. Michael Brunt: the advantages of laparoscopic surgery in treating acute cholecystitis

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The 15th World Congress of Endoscopic Surgery (WCES 2016) in conjunction with Endoscopic and Laparoscopic Surgeons of Asia (ELSA 2016) and 15th Chinese National Congress of Laparoscopic and Endoscopic Surgery (CSLES 2016) was held successfully from Nov. 9th to Nov. 12th in Suzhou, China. The international experts from all around the world gather in this academic feast to discuss hot topics of laparoscopic and endoscopic field.

During the third day of congress, Prof. Michael Brunt from Washington University School of Medicine at St. Louis performed an excellent speech on “Laparoscopy Surgery is the Best Treatment for Acute Cholecystitis”, earning a lot of attention. Seizing this opportunity, the editorial team of *Annals of Laparoscopic and Endoscopic Surgery* had the great honor to have an interview with Prof. Brunt at the conference (Figure 1).

ALES: *You are the moderator and also the speaker in the “Biliary Injury” section yesterday. These are different experience, so what’s the biggest difference?*

Professor Brunt: It is really a different experience. To be the moderator, you must be make sure the speaker stays on time, the audience engages with the questions occurred after each presentation and keep whole section running regularly. When you are a speaker, you need to engage the audience directly and provide a concise but informative topic.

ALES: *In your speech, you mentioned the subtotal cholecystectomy. So in which conditions, doctors need to choose this surgery?*

Professor Brunt: Actually, the majority of patients with acute cholecystitis can undergo a laparoscopic cholecystectomy by completely removing the gallbladder. But some patients with severe acute cholecystitis in whom the gallbladder is so inflamed especially in the area of hepatocystic triangle, it would become dangerous to try to



Figure 1 Picture with Prof. Brunt.



Figure 2 Interview with Prof. Brunt (1).

Available online: <http://www.asvide.com/articles/1503>

persist with this dissection and remove the gallbladder at this time. This could also increase the risk of injury to the bile duct. So what we have learnt is that using the alternative operation replaces completely removing the gallbladder. This operation is Subtotal Cholecystectomy in which the lower gallbladder is opened above the area where the cystic artery and duct and the stones are removed through this opening. This should be reserved for the really difficult case when it is dangerous to do dissection in the hepatocystic triangle and the critical view of safety cannot be achieved.

ALES: *Why do you think laparoscopic surgery is the best treatment for acute cholecystitis?*

Professor Brunt: Because it completely resolves the problem by removing the diseased gallbladder. The laparoscopic approach is associated with less pain, better recovery and fewer complications compare to open cholecystectomy. Now there are other methods to decompress gallbladder with a percutaneous drain tube. But it also means higher costs and a longer recovery period. So if the conditions are favorable, you can get the gallbladder out at the initial presentation as early as possible. That is the best treatment. The data from multiple perspective randomized and published literature supports that.

ALES: *We learnt that one of your research areas is surgical education, so what do you think should be the focus in surgical education and why?*

Professor Brunt: What we need to do in surgical education is really facilitate the transition from residency training into clinical practice. And we need to have better ways to re-train surgeons who are in practice to learn new techniques. Some of that could be done through telemonitoring, video coaching or other methods.

ALES: *Have you ever considered that “If you are not a doctor, what will you do in your life time”?*

Professor Brunt: If I had the ability, if I were not a physician, I would be the rock musician playing a guitar and singing in a band (Figure 2).

Expert introduction

Michael Brunt, MD, is Professor of Surgery and Section Chief of Minimally Invasive Surgery at the Washington University School of Medicine in St. Louis, Missouri where he also directs the Washington University Institute for Minimally Invasive Surgery. He received his MD degree from the Johns Hopkins University School of Medicine and trained in General Surgery at Washington University/Barnes Hospital in St. Louis.

His clinical and research interests are in outcomes studies in laparoscopic surgery, sports hernias, and surgical education. He is a past president of Society of American Gastrointestinal and Endoscopic Surgeons (SAGES) and is on the editorial boards of *Surgical Endoscopy* and *Annals of Surgery*. He has over 200 publications and is a recipient

of the Distinguished Clinician Award from Washington University and the Philip J. Wolfson Outstanding Teacher Award from the Association for Surgical Education. For several years, he has been listed in the Best Doctors in America and in the Guide to America's Top Surgeons. He is an honorary member of ELSA and the Korean Society of Endoscopic and Laparoscopic Surgeons (KSELS).

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Ethical Statement: The author is accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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