



AB019. Abandoned laparoscopic cholecystectomy: a safe strategy for managing the difficult gallbladder

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Background: The conditions that can make a laparoscopic cholecystectomy “difficult” include cirrhosis, anatomical anomalies, and acute and chronic inflammation. Anatomical anomalies of the biliary tree can occur in up to 25% of patients. Failure to recognize abnormal anatomy can have catastrophic consequences for patients, including transection of the common bile duct. The objective of this case series is to highlight the increasing practice of abandoning cholecystectomy when an unexpectedly difficult gallbladder is encountered.

Methods: We present a case series of five abandoned laparoscopic cholecystectomies. Two cases underwent their initial laparoscopy under our service and three cases had abandoned laparoscopies in other centres and were referred for a specialist HPB opinion.

Results: The reasons for abandoning the procedure were

due to difficult or abnormal anatomy in three cases. One case was referred with suspected malignancy. In one case it was not possible to mobilize and retract the gallbladder due to inflammation and the burden of stone disease. Two patients went on to have elective open cholecystectomy, one patient had a laparoscopic cholecystectomy which was converted to open, one patient had a laparoscopic procedure and one is currently awaiting laparoscopic cholecystectomy. Three patients underwent magnetic resonance cholangiopancreatography (MRCP) between the abandoned procedure and the completion procedure. Two of the cases were discussed at the Gastrointestinal Multidisciplinary team meeting after referral to our centre. There were no significant perioperative morbidities encountered at the initial or subsequent procedures.

Conclusions: Our experience has demonstrated that abandoning laparoscopic cholecystectomy is a safe and reasonable response when one encounters a “difficult” gallbladder, either due to unclear anatomy or in a setting that lacks adequate facilities for patients in the event of conversion to an open operation.

Keywords: Laparoscopic cholecystectomy; gallbladder; malignancy

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