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Review Of 4100 Cases of SILC In GB Stone Cases By Single Surgeon

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Background : Sometimes GB stone need cholecystectomy and most cases are simple in procedure but in some cases the procedure can become very difficult. Additionally if surgeon is performing cholecystectomy via SILC (single incision laparoscopic cholecystectomy) method, the procedure can become more difficult. By reviewing 4100 cases of patients who were diagnosed GB stone and had taken SILC by single surgeon, the result of SILC may not be a “more” difficult procedure compared to conventional laparoscopic cholecystectomy.

Methods : Reviewing 4100 cases of patients who were diagnosed GB stone and had taken SILC by single surgeon from 2015-01-09~2023-08-14

Results : Male:Female 1815:2285 cases Mean age 42.2 yrs (14~87 yrs) Degree of inflammation GB stones with or without chronic cholecystitis (3365 cases) Acute cholecystitis (604 cases) GB empyema (131 cases) Mean op time (from scope insertion to scope removal) 20.8 min (5~276 min) Conversion Rate (15 cases, 0.36%) additional 1 epigastric port (14 cases) additional multiports (1 case) Open conversion (0 case) GB perforation (242 cases, 5.9%) Adjacent organ injury (1 case, portal vein) Mean hospital stay 1.3 dys (1~13 dys) Complication (2.1%) Wound (56 cases) Op site fluid collection (5 cases) Ileus (4 cases) Bleeding (1 case) Bile leakage (8 cases) Acute pancreatitis (3 cases) Incisional hernia (9 cases) 30 days mortality (0 case)

Conclusions : SILC can be done as conventional laparoscopic cholecystectomy in every GB stone cases.

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