



EP138

EARLY COMPLICATIONS OF LAPAROSCOPIC
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Introduction : The gallbladder stones as worldwide disease occurs in 10% of the world population. After laparoscopic cholecystectomy (LCE) complications observed at 1% to 8,5%. The aim is to evaluate the early postoperative complications (EPC) of LCE in our medical center.

Methods : Analyzed 983 LCE, which performed in period 2014-2020 in “Aktobe Medical Center”. Of these 598 patients (60,9%) had GS with acute cholecystitis, 385 (39,1%) – chronic cholecystitis. Woman – 74,2% (n=729), man – 25,8% (n=254),

Results : EPC was in 24 (2,4%) patients. Cause of EPC were: bile leakage – in 7 patients (29,2%) (in 2 patients it is stopped on their own), bleeding – 4 (16,7%), sub-hepatic infiltrate – 3 (12,5%), choleperitonitis after extrahepatic bile duct injure - 2 (8,3%), abdominal wall wound inflammatory complications - 8 (33,3%). Nine patients were undergoing reoperation in early postoperative period. Seven patients had relaparoscopy due to bile leakage from the cystic duct stump (2 case) and from Luschka duct (3 case); bleeding from cystic artery (2 cases). Reasons of early 2 laparotomies were bile leakage with choleperitonites after extrahepatic bile duct injure. In three cases with bile leakage we held suturing the bile ducts wall. Umbilical wound inflammatory complications resolved conservatively. One patient died after pulmonary artery thromboembolism - 0,1%.

Conclusions : Our analysis indicates that LCE has a low number of complications and minimal mortality. However, there are serious injuries to the bile ducts, which can be minimized by improving surgical techniques.

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