

**EP150****Safety of single incision laparoscopic cholecystectomy using
Gloveport® and easy conversion technique to one additional port****Sung Yub JEONG**¹, Sung Hoon CHOI^{* 2}, Sung Hwan LEE²¹Department of general surgery, Armed Forces Capital Hospital, Korea²Devision of Hepatobiliary and Pancreas, Department of surgery, CHA Bundang Medical Center, CHA University, Korea

Introduction : Our center successfully incorporated the alignment of the instruments in robotic single-site cholecystectomy (RSSC) into single incision laparoscopic cholecystectomy (SILC). Since then, SILC has been applied to almost all cases involving gallbladder except for malignancies. SILC can also be applied to complicated cases with the use of additional port as a safe alternative. We introduce our experience of implementing easy conversion of one additional port during SILC.

Methods : Between March 2014 and December 2020, 1126 patients underwent SILC in our center by 3 hepatobiliary surgeons. The indication included benign diseases of gallbladder. When conversion was needed, one additional port was inserted at subxiphoid area. Perioperative outcomes were reviewed.

Results : 440 males and 686 females were included in this study. The mean age was 47.9 ± 13.4 years, mean body mass index was 24.6 ± 3.6 kg/m², and mean operative time was 47.6 ± 17.3 minutes. Total number of 67 patients (6.0%) were required to one additional port, of which 41 patients due to Calot's triangle adhesion, 14 patients due to uncontrolled bleeding at Calot's triangle, 9 patients due to severe inflammation, and 3 patients due to poor operation field.

Conclusions : Based on our vast number of cases of SILC no matter how complicated the case, one subxiphoid additional port can be a safeguard to SILC. Therefore, bear in mind SILC can be endeavored by all surgeons with the use of additional port as a safe alternate.

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