

International Congress on

SURGERY AND DEMENTIA

May 22-23, 2019 | Tokyo, Japan

The application of a scoring system to determine the degree of difficulty of laparoscopic cholecystectomy among patients for elective surgery at a single tertiary hospital from January 2012 to December 2015: A cross-sectional study

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Background & Aim: Laparoscopic Cholecystectomy (LC) has become the gold standard in the management of symptomatic gall bladder disease. Although it has been shown to be safe and effective, several factors cause difficulty to the operator and may increase operative time and complication rate. However, there is no established scoring system to predict the difficulty of LC in the preoperative period. The study aims to apply a scoring system that can be used pre-operatively to determine the degree of difficulty of a laparoscopic cholecystectomy procedure in the general surgery training program.

Method: There were 113 laparoscopic cholecystectomy cases performed by general surgery residents in 4 years. 8 parameters were collected based on pre-operative data, physical exam, and sonographic findings, with a maximum score of 15. A score 0-5 predicted easy, 6-10 difficult and 11-15 very difficult. Intraoperative score was based on length of procedure, complications and conversion to open procedure.

Result: 2 risk factors: age >50 years ($p=0.032$) and palpable gall bladder ($p=0.014$) are found to be statistically significant in predicting difficult LC.

Conclusion: The pre-operative scoring system is reliable with 63% sensitivity in predicting difficult LC procedure.

Biography

Jayme Natasha K Paggao has completed her Bachelor of Arts in Social Sciences, major in Social Anthropology and minor in Political Science from the University of the Philippines, Baguio in 2009. She has completed her Medical degree from The University of the East Ramon Magsaysay Memorial Medical Center in 2013. She is currently a 5th year Residency Trainee at the General Surgery Department in the same institution.

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