

How to effectively avoid many common complications and liver damage in bile duct exploration?

March 13 2008

Micro-wound operation is becoming the trend in surgery in the 21st century and laparoscopic surgery is regarded as an important component of micro-wound surgery.

In operations combining laparoscopic hepatic left lateral lobectomy with fiber choledochoscopic exploration of the common bile duct, the much shorter incision required lessens the post-operative pain of patients and the elimination of a need for T-piece drainage also markedly reduces post-operative complications such as biliary fistula, cholangitic stenosis, biliary tract bleeding, electrolytical or digestive unbalance and local infections.

At the same time the liver function damage of the laparoscopic group is much more mild than in the traditional open operation group. These findings show that laparoscopic and choledochoscopic exploration hold many advantages over traditional open operations.

A research article to be published on February 21, 2008 in the *World Journal of Gastroenterology* addresses this question.

The research team led by Dr. Kun Zhang from Fu Zhou General Hospital performed laparoscopic hepatic left lateral lobectomy combined with fiber choledochoscopic exploration of the common bile duct and found that this kind of operation could markedly lessen the post-

operative pain of patients and reduce post-operative complications.

In this research, laparoscopic hepatic left lateral lobectomy combined with fiber choledochoscopic exploration of common bile duct was performed in patients with gallstones in the left lobe of liver and common bile duct. Ligments of livers were dissociated by laparoscopic instruments under pneumoperitoneum conditions. The Trocar puncture point near the xiphoid was extended to about 5 cm. From this incision we resected the left lateral lobe of the liver and took out the calculus of the intrahepatic duct without pneumoperitoneum.

From the extended trocar incision and the left intrahepatic duct, the common bile ducts were inspected by fiber choledochoscopy for possible remnant gallstones. After the remnant gallstones were removed and the duodenal papillas were assessed as normal, we sutured the open part of the left intrahepatic duct and the left liver section.

Researchers found that laparoscopic hepatic left lateral lobectomy combined with fiber choledochoscopic exploration of the bile duct had many advantages over traditional open operations.

Source: World Journal of Gastroenterology

Citation: How to effectively avoid many common complications and liver damage in bile duct exploration? (2008, March 13) retrieved 20 April 2024 from <https://medicalxpress.com/news/2008-03-effectively-common-complications-liver-bile.html>

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