

# 3 Port Laparoscopic Cholecystectomy- A Practical Approach?

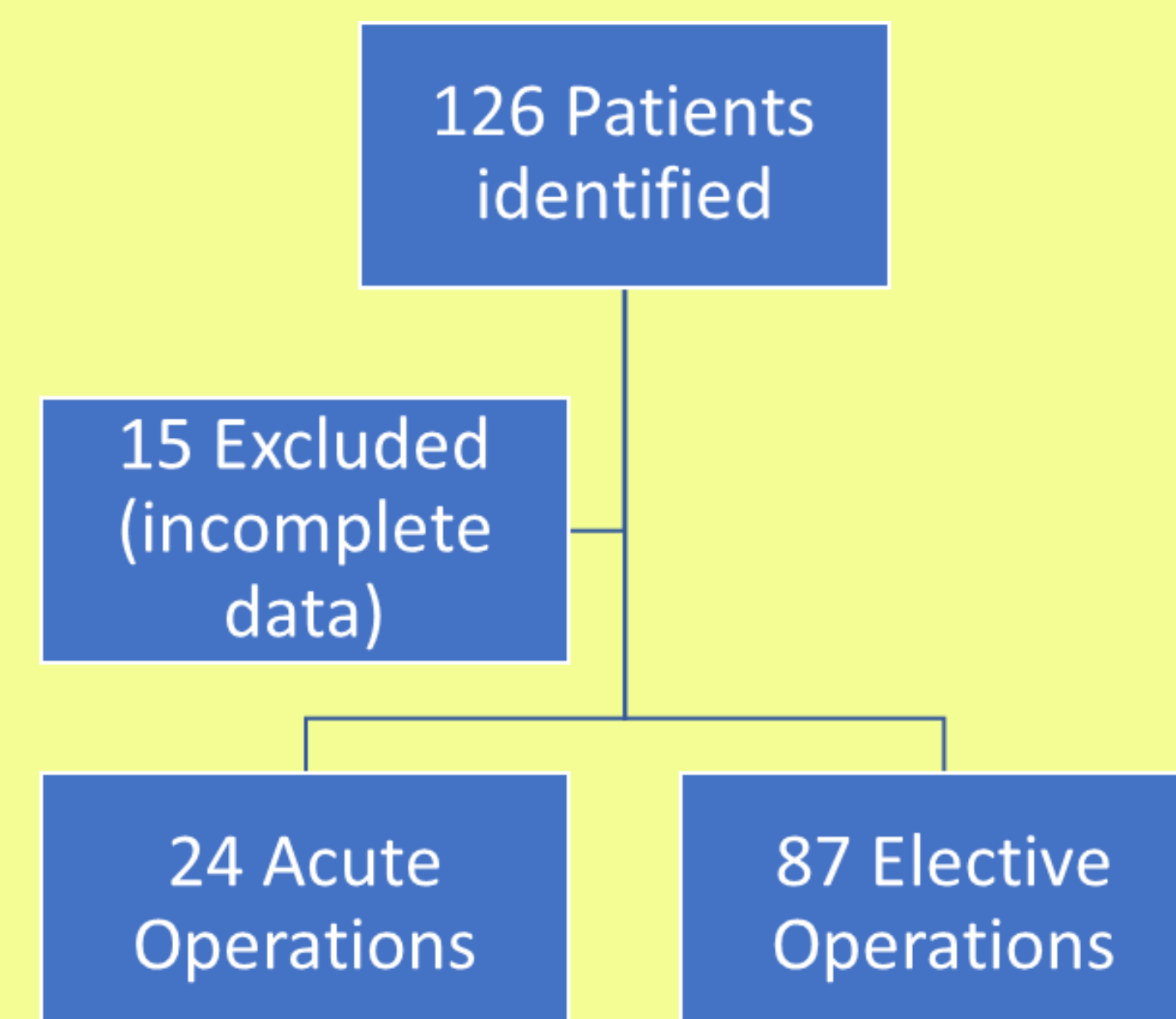
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Laparoscopic cholecystectomy (LC) has traditionally been performed with a 4 port technique. The use of 3 port technique has increasingly been shown to be feasible and safe in literature.<sup>1-2</sup>

**Aim :** To assess the feasibility of a 3 port first approach to laparoscopic cholecystectomy

## Methods

- Retrospective analysis
- October 2015-March 2017
- Consecutive patients by single surgeon
- Both Acute and elective operations



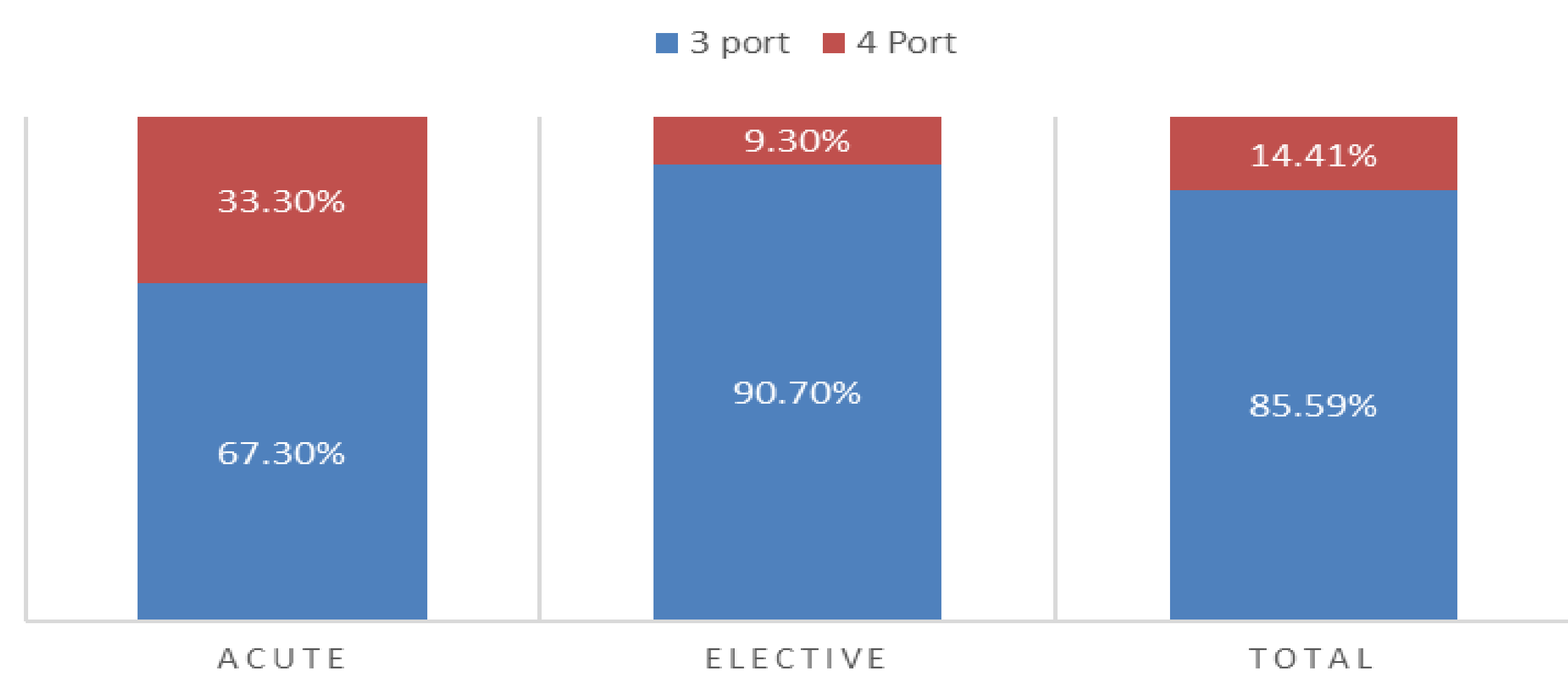
## Results

16/111 cases (14.41%) required the addition of a 4<sup>th</sup> port, primarily to aid in gaining critical view

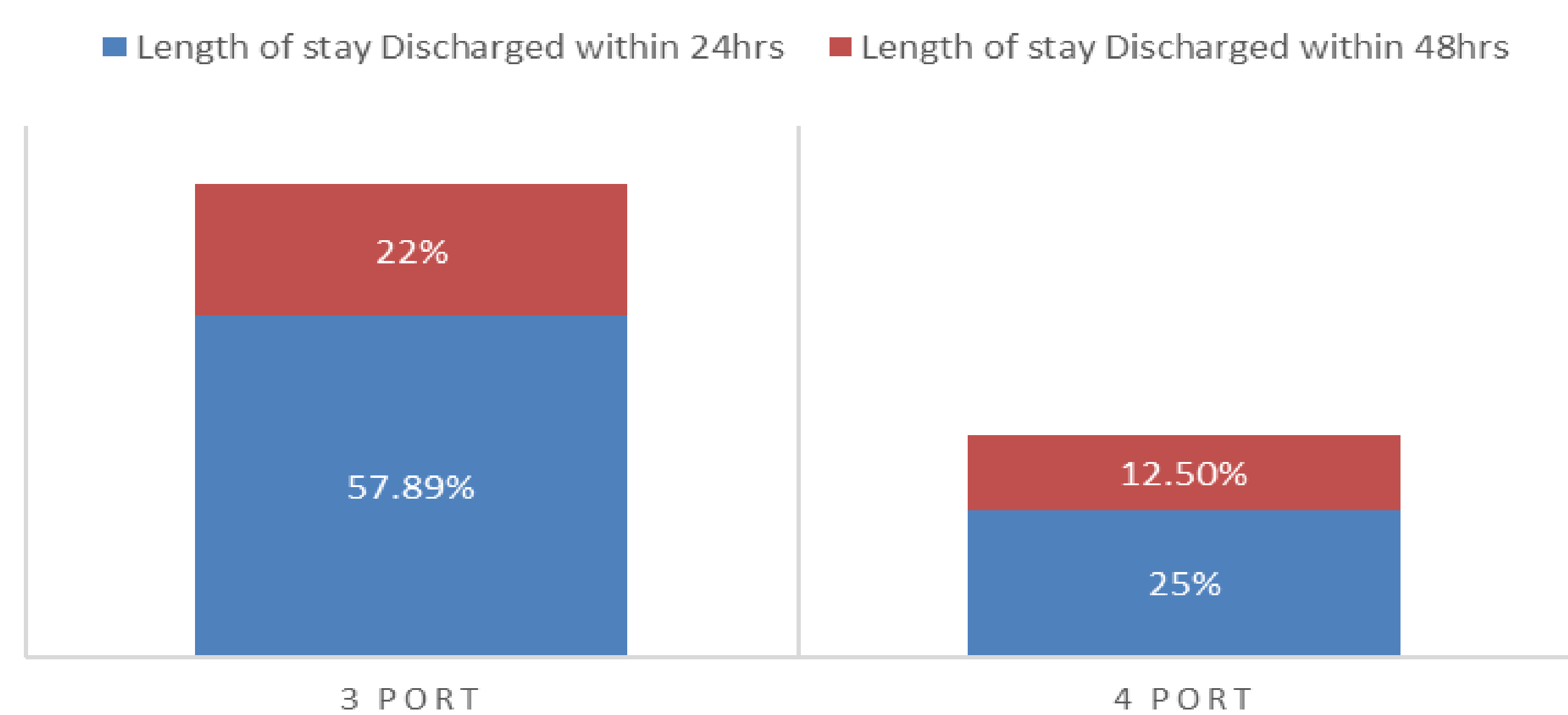
Reasons for addition of 4<sup>th</sup> port included

- Acute inflammation, n-4
- Perforation of gallbladder, inflammation, n-3
- Difficulty due to adhesions, n-3
- Stone impaction, n-2;
- cholangiogram performed and additional port needed, n-2,
- anatomical variation n-1

### NUMBER OF PORTS USED



### LENTGH OF STAY AFTER OPERATION



| Complications    | 3 ports (n=95) | Conversion to 4 ports (n=16) |
|------------------|----------------|------------------------------|
| Post-op bleeding | 1%             | 6%                           |
| Wound infection  | 3%             | 12%                          |

## Summary

- 3 port cholecystectomy is feasible in both acute and elective cholecystectomy, with potential benefit for patients recovery
- 14% cases needed additional 4<sup>th</sup> port, primarily to aid gaining critical view
- There was no conversion to open procedure
- Those cases needing additional port had longer stay and more post-op complication
- 57.89% n=55 of 3 Port group, 25.0% n=4, of 4 port group were discharged within 24 hours of operation
- 3 port cholecystectomy is a feasible option for both acute & elective laparoscopic cholecystectomy in the hands of experienced laparoscopic surgeons, and helps develop left handed skills.

## References

1. *Hpb*. 2014;16(2):269. doi:10.1002/14651858.CD007109.pub2.www.cochranelibrary.com.
2. *Int J Clin Exp Med*. 2014;7(8):2339-2342.