

# EMERGENCY LAPAROSCOPIC SURGERY – CAN WE DO MORE?

C NEOPHYTOU, M COX, I BHATTI, P LEEDER, A AWAN

DEPARTMENT OF UPPER GI AND HPB SURGERY,  
ROYAL DERBY HOSPITAL, DERBY, UK

## Introduction

Laparoscopy in emergency surgery allows both the evaluation and treatment of many common acute abdominal disorders. The aim of this study is to present the outcomes from emergency laparoscopic procedures performed in our unit and investigate the role of laparoscopic surgery in the management of the acute abdomen.

## Methods

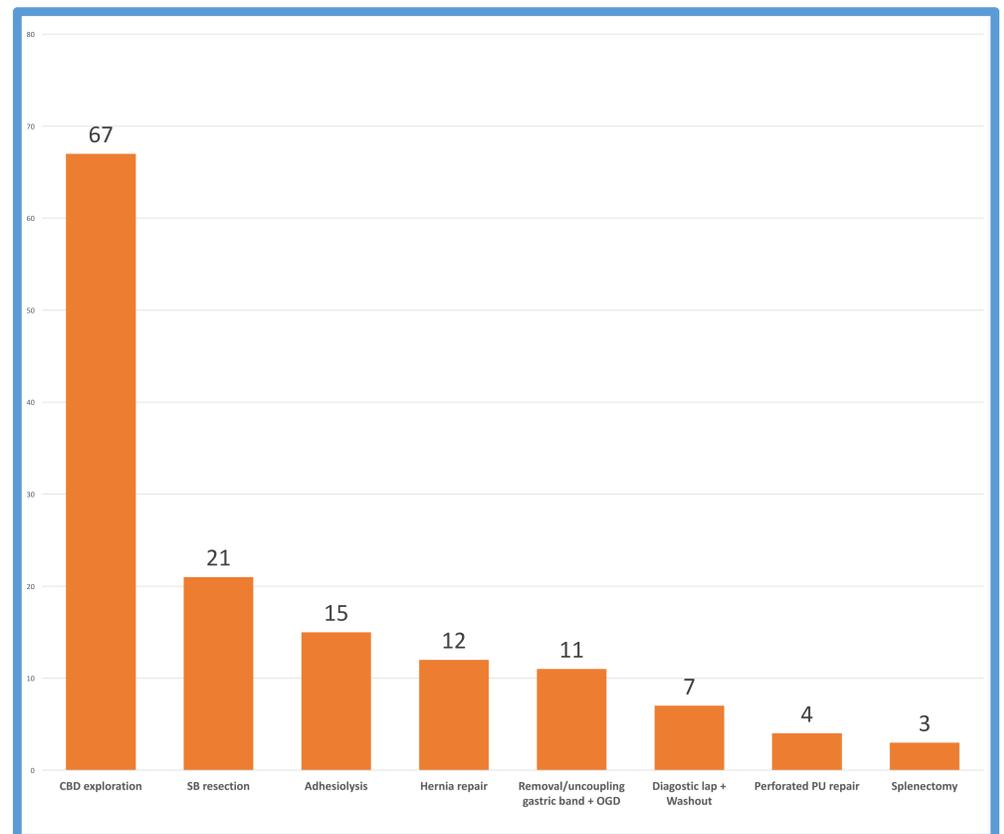
A retrospectively maintained database of patients booked on the emergency list in our unit, over a period of 7 years (between August 2011 and August 2017) was analysed. Appendicectomy and cholecystectomy procedures were excluded. Demographic data and preoperative comorbidities, operative outcomes, conversion rates, early postoperative complications and length of hospital stay were reviewed.

## Results

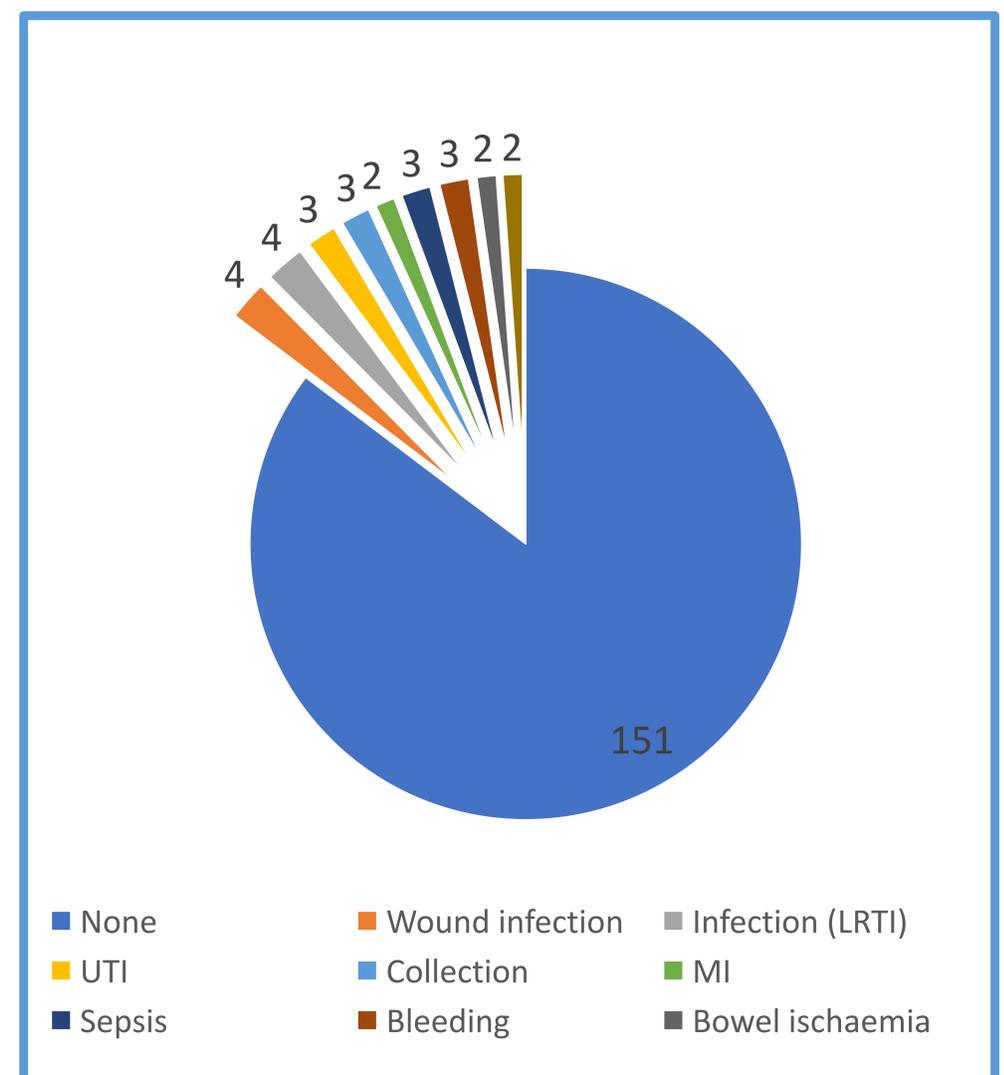
187 patients (111 female) that underwent various types of emergency procedures were included. Median age (range) was 54.4 (18.34 - 95.63) years. 181 emergency and 6 urgent laparoscopic procedures were performed, including 67 common bile duct explorations, 21 small bowel resections, 11 gastric band removals, 4 perforated peptic ulcer repairs and 3 splenectomies. The median (range) length of stay post-operatively was 4 (1– 62) days. There were 26 post-operative complications and 2 deaths within 30 days after the operation. Conversion rate was under 5%.

## Conclusions

Our results show that laparoscopy can be used safely and effectively in the management of acute abdominal pathologies. Our conversion rate was lower when compared to the international literature with comparable morbidity, mortality and length of hospital stay. Indications and management were in agreement with the EAES guidelines.



Graph 1: Commonest emergency procedures performed



Graph 2: Post-operative complications