



ISSN: 0975-833X

Available online at <http://www.journalcra.com>

International Journal of Current Research
Vol. 11, Issue, 11, pp.8406, November, 2019

DOI: <https://doi.org/10.24941/ijcr.36670.11.2019>

INTERNATIONAL JOURNAL
OF CURRENT RESEARCH

RESEARCH ARTICLE

A PROSPECTIVE RANDOMISED CONTROL STUDY BETWEEN EARLY VS DELAYED LAPROSCOPIC CHOLECYSTECTOMY IN ACUTE CALCULUS

*Dr Kislay Kant

Jr Dept of Surgery PMCH Patna, Chanakya Doctors Hostel Room 524, Ashokrajpath, pin 800004

ARTICLE INFO

Article History:

Received 24th August, 2019
Received in revised form
18th September, 2019
Accepted 05th October, 2019
Published online 26th November, 2019

Key Words:

LC -Laprosopic Cholecystectomy, AC-acute Cholecystitis, ELC-early Laprosopic Cholecystitis, DLC -Delayed Laprosopic Cholecystectomy .

ABSTRACT

Acute cholecystitis is one of the most common reasons for emergency admissions in surgical practice Cholecystectomy is the gold standard treatment for symptomatic gallstones disease Traditionally acute cholecystitis is treated conservatively followed by delayed laproscopic cholecystectomy after 6-8weeks A recent meta analysis of various randomised trials of early vs delayed LC for AC showed early surgery to have similar operative complications rates but reduced overall length of hospital stay Acute phase laproscopic cholecystectomy is recommended because of fewer complications, less hospital stay and lesser morbidity

Copyright © 2019, Yadav et al This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited

Citation: Dr Kislay Kant 2019 "A prospective randomised control study between Early vs Delayed laproscopic cholecystectomy in Acute calculus", *International Journal of Current Research*, 11, (11), 8406

INTRODUCTION

To compare the safety and efficacy of laproscopic cholecystectomy in patients of acute cholecystitis and comparison of various intra-op and post-op parameters

Study design: Prospective randomised

MATERIALS AND METHODS

Patients of Acute cholecystitis admitted between October 2017 and March 2019 were randomised through a computer generated table in intervention group (group A) and delayed group (group B) The patient in early group underwent cholecystectomy within 72hours of pain duration The patient in delayed group underwent conservative management and laproscopic cholecystectomy was done after interval of 6-12 weeks 100patients ,50 in each group underwent laproscopic cholecystectomy and results were compared.

RESULTS

In our study we found that the conversion rate in early LC and delayed LC was 10% and 14% respectively, the mean

operation time was higher in the ELC group (77 30) as compared to DLC group (66 94minutes) Intra operative complications was comparable between ELC group 11 (22%) and DLC group 14 (28%) The intra operative blood loss was higher in the ELC group (82 660m) as compared to the DLC group (65 94) More intra operative modifications required in the ELC group The total hospital stay was significantly high in the DLC group (6 0+₂ 83days)as compared to ELC group (4 46+₁ 32days) overall post operative complications were comparable in both groups

Conclusion

Early cholecystectomy is feasible and safe in case of acute cholecystitis when performed within 72hours

REFERENCES

- Hobart W Harris, 2001. Biliary system surgery, 10 1007/978-3-642-57282_1_29 (553-584)
Journal of lap &advanced surgical techniques 10 1089/lap 1999 9 223,9,2, (223-225), (1999)
- Poir Goreki. 2003. The role of laproscopy, source controle, 10 1007/978-3-642-55914-3-70, (350-357)
- Steven A Ahrendt, 1999. Biliary tract surgery, current gastroenterology reports,10 1007/s11894-996-0008-6,1,2 (107-115).

*Corresponding author: Dr Kislay Kant,

Jr Dept of Surgery PMCH Patna, Chanakya Doctors Hostel Room 524, Ashokrajpath, pin 800004.