

Chapter 7

LAPAROSCOPIC SURGERY FOR LARGE GALLSTONES

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INTRODUCTION

Laparoscopic cholecystectomy is one of the most frequently performed operations in surgical clinics and is the gold standard in the treatment of symptomatic gallstones. In recent years, ultrasonography has become a rapidly accessible and frequently performed examination method, leading to an increase in the asymptomatic stone incidence. Treatment of asymptomatic stones is controversial, however, cholecystectomy is also recommended in asymptomatic patients in some cases (1-3).

High-risk factors for gallbladder cancer are particularly the presence of polyp larger than 1 cm, porcelain gallbladder, and gallstones larger than 3 cm, the gallbladder being full of stones, and living in settlements where the rate of incidence is high (2,4,5). Cholecystectomy is also recommended in such cases.

The presence of large stones in the gallbladder may cause difficulty both during manipulation and removal of the stone and gallbladder outside the body. The aim of this study was to present patients with gallstones of 3 cm and larger, who were operated in our clinic, in the light of literature data.

MATERIAL AND METHOD

We retrospectively evaluated the files of 21 patients undergoing elective laparoscopic cholecystectomy between January 2016 and December 2019 in the General Surgery Department of Malatya training and research hospital. Preoperative ultrasonographic findings showed that the size of the gallstones was 3 cm or larger in all cases.

Data were obtained from computer records, personal surgery book, polyclinic registration system, and epicrisis reports of the patients. We obtained written informed consent from all patients prior to the operation and obtained the

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