



# Cholecystectomy

## Recommendations - Synthesis

### 1 - What are the indications of cholecystectomy?

Cholecystectomy is useless in a patient with asymptomatic vesicular lithiasis, that is in the absence of specified biliary pain, and of complications (acute cholecystitis, lithiasis of the main biliary duct, acute pancreatitis, and cholecystoenteric fistula).

### 2 - What are complications, mortality and benefits of cholecystectomy under coelioscopy?

The practice of cholecystectomy under coelioscopy was validated with benefits of a shortening of hospitalization duration, a decrease in pain and a sooner restarting of the patient's activities. Postoperative mortality of cholecystectomy under coelioscopy is equivalent to that of laparotomy. An increase in the risk of wound in biliary ducts is possible, particularly depending on the surgeon's experience and of the complicated appearance of vesicular lithiasis.

### 3 - What are the respective indications of cholecystectomy under coelioscopy and through laparotomy?

Cholecystectomy under coelioscopy is contra-indicated in the presence of cirrhosis with hepatocellular insufficiency, refractory coagulopathies, cardiac failure and septic shock. The conversion into laparotomy should be considered as a precautionary measure and the patient should be informed beforehand of this possibility.

### 4 - Should peroperative cholangiography be systematically performed?

In case of preoperative predictive factors of lithiasis of the main biliary duct, this one should be explored. The choice of this exploration performed preoperatively or peroperatively should be part of a therapeutic strategy for lithiasis of biliary duct. Peroperative cholangiography is performed either systematically or specifically. There is no scientific argument to recommended one approach rather than the other.