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# NASOBILIARY GUIDED LAPAROSCOPIC CHOLECYSTECTOMY FOLLOWING ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY

**Alaa M Sewefy**

Minia University Hospital, Egypt

**Background:** Endoscopic retrograde cholangiopancreatography (ERCP) followed by laparoscopic cholecystectomy (LC) is the most common management of gallstone combined with common bile duct (CBD) stones. This study aimed to evaluate the impact of routine insertion of nasobiliary tube during ERCP in cases of difficult LC.

**Methods:** From total 110 patients underwent ERCP followed by LC, nasobiliary (NB) catheter was inserted in 55 patients after CBD clearance (NB group). In the other 55 patients, only CBD clearance was done (control group). In NB group, dynamic trans-nasobiliary IOC was done during dissection of Calot's triangle and at the end of the procedure trans-nasobiliary methylene blue test was done to test any hidden biliary injury.

**Result:** 57 patients (51.8%) were male and 53 (48.2%) were female. Median age was 55. The average operative time in NB group was 115 min vs. 128 min in control group. The average postoperative hospital stay was  $2\pm 0.1$  days in NB group vs.  $3.6\pm 5.3$  days in control group. One case of biliary leak (1.8%) occurred in NB group vs. 2 cases (3.6%) in control group. No conversion to open in NB group (0%) vs. 5 cases (9.1 %) in control group.

**Conclusion:** Routine nasobiliary insertion during ERCP, in patients with combined gallbladder and CBD stones, is simple, safe and dynamic method for IOC and can be used to diagnose, minimize the severity and treat biliary injury

sewafy@yahoo.co.uk