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CONTEMPORARY PRINCIPLES FOR CHOLECYSTITIS TREATMENT WITH LAPAROSCOPIC TECHNIQUE

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The first laparoscopic cholecystectomy (LC) was performed in France in 1987 by a French surgeon (P. Mouret), and it rapidly became accepted until the end of the nineties in Europe and America as a "gold standard" in the treatment of the gallbladder.

"There are just a few examples in the history of surgery, where the advantage of some surgical techniques is so quickly imposed, as it is in the case of laparoscopic cholecystectomy" (Cusshieri). Assuming the present of a surgical skill and experience, well-trained team and the specific technical equipment, the main advantages of this surgical method are less operative trauma and postoperative pain, faster recovery and a shorter hospital stay. The percentage of conversion to open cholecystectomy is 2%-20% and it is caused by certain conditions, such as older age, morbid obesity, and expressed inflammation of gallbladder and biliary anatomical anomalies. Male gender, anatomical variations, previous abdominal operations and technical problems, were rarer causes of conversion. Non-compliance and non-recognition of these risk factors can lead to complications, most notably the common bile duct injuries. At the Surgical Clinic in Nis, in the period of 3 years (January 2010 to November 2013) 1.389 patients with symptomatic cholelithiasis underwent surgery, 626 (45,1%) using standard techniques of laparoscopic method. Most patients, 60,10%, were female and 39,90% were male. Chronic calculous cholecystitis was an indication of the 86,20%, 8,50% in the acute, gallbladder polyp 5,30%. Conversion was forced out in 28 patients (4.47%). There have been no lethal operative outcomes in observed period, intraoperative lesions of vascular structures were not notified, total specific morbidity was about 2,07%.

The technical aspect is still dominant at laparoscopic cholecystectomy (LC). Outstanding results at our clinic and in the world, impose the need for further development of this method, education of surgeons and staff, with the aim of reducing the percentage of contraindications and technical barriers to a minimum. *Acta Medica Medianae 2016;55(1):5-13.*

Key words: cholecystitis, laparoscopic cholecystectomy