

Kolesistektomi laparoscopi di Rumah Sakit Cipto Mangunkusumo 2014 : Studi retrospektif observasional = Laparoscopic cholecystectomy experience at Cipto Mangunkusumo Hospital 2014 : A retrospective study

Raya Henri Batubara, author

Deskripsi Lengkap: <https://lib.ui.ac.id/detail?id=20424644&lokasi=lokal>

Abstrak

ABSTRAK
Latar belakang: Kolesistektomi merupakan tindakan abdomen tersering dan saat ini

kolesistektomi laparoscopi (KL) merupakan baku emas dan telah dilakukan pada 90% kasus kolesistitis simptomatik. Tujuan penelitian ini adalah untuk mengetahui hasil KL di RSCM, Jakarta.

Metode: Penelitian retrospektif observasional ini menggunakan data dari departemen bedah divisi digestif RSCM dari bulan Januari hingga Desember 2014. Partisipan penelitian ini adalah pria atau wanita yang berusia 23-66 tahun yang menjalani KL. Tindakan bedah dilakukan baik berupa perawatan 1 hari (one day care (ODC)) maupun elektif. Data yang dikaji adalah temuan preoperatif dan intraoperatif, durasi operasi, lama rawat inap, dan angka konversi ke tindakan kolesistektomi terbuka (open). Kemudian kami menganalisis faktor yang mempengaruhi angka konversi.

Hasil: Jumlah pasien yang masuk inklusi adalah 90 orang. Usia rata-rata 43,9 tahun (SE=1,26 tahun) dengan jumlah pasien wanita 61 orang (67,8%). Median durasi operasi adalah 90±36,9 menit dimana pasien yang konversi membutuhkan operasi lebih dari 2 jam lebih banyak (12% vs 1,5%), namun tidak bermakna secara statistik ($p=0,63$). Median lama rawat inap adalah 9±27,2 hari dan meningkat bermakna pada kasus yang konversi (24±9 hari, $p=0,011$). Median lama pre-operasi = 7±26,8 hari, dan pasca-operasi = 2±3,8 hari, dengan 13,3% pasien dilakukan endoscopic retrograde cholangio-pancreatography (ERCP) sebelum KL. Cedera duktus biliaris komunis (CBDK) ditemukan pada 3 kasus (3,33%). Konversi menjadi laparotomi dibutuhkan pada 4,44% kasus. Faktor yang mempengaruhi angka konversi hanya pada kasus adhesi (RR (95%IK) = 25,7 (2,4-273,5); $p=0,007$).

Kesimpulan temuan: kolesistektomi laparoscopi menawarkan lama rawat inap yang lebih singkat. Durasi operasi pendek dan prosedur ini standard, aman, dan efektif di institusi kami.

ABSTRACT
Background: Cholecystectomy is the most frequently performed abdominal operation and

currently laparoscopic cholecystectomy (LC) is considered gold standard being performed in 90% cases of symptomatic gallstones. The aim of the study was to determine results obtained with LC at our hospital, RSCM, Jakarta.

Methods: This retrospective observational study was conducted in digestive division in surgery department of RSCM using data from January to December 2014. The study participants were patients of both gender aged 23-66 years undergoing LC. Surgery was performed either in one day care (ODC) or elective schedule. Demographic variables,

preoperative and intraoperative findings, mean operation time, hospital stay, and conversion rate were evaluated. Factors influencing rate of conversion were also studied.

Results: A total of 90 patients were included. Mean age was 43.9 years (SE=1.26 years) with a female 61 (67.8%). Median operative time was 90±36.9 minutes which converted cases patient needed to operate in more than 2 hours (12% vs 1.5%), but not statistically significant (p= 0.63). Median hospital stay was 9±27.2 days that significantly increased in converted cases (24±9 days, p-value= 0.011). Median of pre-operation = 7±26.8 days, and postoperation

= 2±3.8 days, with 13.3% patients underwent endoscopic retrograde cholangiopancreatography

(ERCP). Common bile duct injury (CBDI) was found in 3 cases (3.33%).

Conversion to laparotomy was required in 4.44% cases. Factors that influenced the rate of conversion included was only adhesion (RR (95%CI) = 25.7 (2.4-273.5), p=0.007.

Findings: Laparoscopic cholecystectomy offers shorter hospital stay. The operative time is short and procedure is standard, safe and effective in our institution.;Background: Cholecystectomy is the most frequently performed abdominal operation and currently laparoscopic cholecystectomy (LC) is considered gold standard being performed in 90% cases of symptomatic gallstones. The aim of the study was to determine results obtained with LC at our hospital, RSCM, Jakarta.

Methods: This retrospective observational study was conducted in digestive division in surgery department of RSCM using data from January to December 2014. The study participants were patients of both gender aged 23-66 years undergoing LC. Surgery was performed either in one day care (ODC) or elective schedule. Demographic variables, preoperative and intraoperative findings, mean operation time, hospital stay, and conversion rate were evaluated. Factors influencing rate of conversion were also studied.

Results: A total of 90 patients were included. Mean age was 43.9 years (SE=1.26 years) with a female 61 (67.8%). Median operative time was 90±36.9 minutes which converted cases patient needed to operate in more than 2 hours (12% vs 1.5%), but not statistically significant (p= 0.63). Median hospital stay was 9±27.2 days that significantly increased in converted cases (24±9 days, p-value= 0.011). Median of pre-operation = 7±26.8 days, and postoperation

= 2±3.8 days, with 13.3% patients underwent endoscopic retrograde cholangiopancreatography

(ERCP). Common bile duct injury (CBDI) was found in 3 cases (3.33%).

Conversion to laparotomy was required in 4.44% cases. Factors that influenced the rate of conversion included was only adhesion (RR (95%CI) = 25.7 (2.4-273.5), p=0.007.

Findings: Laparoscopic cholecystectomy offers shorter hospital stay. The operative time is short and procedure is standard, safe and effective in our institution.;Background: Cholecystectomy is the most frequently performed abdominal operation and currently laparoscopic cholecystectomy (LC) is considered gold standard being performed in 90% cases of symptomatic gallstones. The aim of the study was to determine results obtained with LC at our hospital, RSCM, Jakarta.

Methods: This retrospective observational study was conducted in digestive division in surgery department of RSCM using data from January to December 2014. The study participants were patients of both gender aged 23-66 years undergoing LC. Surgery was performed either in one day care (ODC) or elective schedule. Demographic variables, preoperative and intraoperative findings, mean operation time, hospital stay, and conversion rate were evaluated. Factors influencing rate of conversion were also studied.

Results: A total of 90 patients were included. Mean age was 43.9 years (SE=1.26 years) with a female 61 (67.8%). Median operative time was 90±36.9 minutes which converted cases patient needed to operate in more than 2 hours (12% vs 1.5%), but not statistically significant (p= 0.63). Median hospital stay was 9±27.2 days that significantly increased in converted cases (24±9 days, p-value= 0.011). Median of pre-operation = 7±26.8 days, and postoperation

= 2±3.8 days, with 13.3% patients underwent endoscopic retrograde cholangiopancreatography

(ERCP). Common bile duct injury (CBDI) was found in 3 cases (3.33%).

Conversion to laparotomy was required in 4.44% cases. Factors that influenced the rate of conversion included was only adhesion (RR (95%CI) = 25.7 (2.4-273.5), p=0.007.

Findings: Laparoscopic cholecystectomy offers shorter hospital stay. The operative time is short and procedure is standard, safe and effective in our institution.;**Background:** Cholecystectomy is the most frequently performed abdominal operation and currently laparoscopic cholecystectomy (LC) is considered gold standard being performed in 90% cases of symptomatic gallstones. The aim of the study was to determine results obtained with LC at our hospital, RSCM, Jakarta.

Methods: This retrospective observational study was conducted in digestive division in surgery department of RSCM using data from January to December 2014. The study participants were patients of both gender aged 23-66 years undergoing LC. Surgery was performed either in one day care (ODC) or elective schedule. Demographic variables, preoperative and intraoperative findings, mean operation time, hospital stay, and conversion rate were evaluated. Factors influencing rate of conversion were also studied.

Results: A total of 90 patients were included. Mean age was 43.9 years (SE=1.26 years) with a female 61 (67.8%). Median operative time was 90±36.9 minutes which converted cases patient needed to operate in more than 2 hours (12% vs 1.5%), but not statistically significant (p= 0.63). Median hospital stay was 9±27.2 days that significantly increased in converted cases (24±9 days, p-value= 0.011). Median of pre-operation = 7±26.8 days, and postoperation

= 2±3.8 days, with 13.3% patients underwent endoscopic retrograde cholangiopancreatography

(ERCP). Common bile duct injury (CBDI) was found in 3 cases (3.33%).

Conversion to laparotomy was required in 4.44% cases. Factors that influenced the rate of conversion included was only adhesion (RR (95%CI) = 25.7 (2.4-273.5), p=0.007.

Findings: Laparoscopic cholecystectomy offers shorter hospital stay. The operative time is short and procedure is standard, safe and effective in our institution.;**Background:** Cholecystectomy is the

most frequently performed abdominal operation and currently laparoscopic cholecystectomy (LC) is considered gold standard being performed in 90% cases of symptomatic gallstones. The aim of the study was to determine results obtained with LC at our hospital, RSCM, Jakarta.

Methods: This retrospective observational study was conducted in digestive division in surgery department of RSCM using data from January to December 2014. The study participants were patients of both gender aged 23-66 years undergoing LC. Surgery was performed either in one day care (ODC) or elective schedule. Demographic variables, preoperative and intraoperative findings, mean operation time, hospital stay, and conversion rate were evaluated. Factors influencing rate of conversion were also studied.

Results: A total of 90 patients were included. Mean age was 43.9 years (SE=1.26 years) with a female 61 (67.8%). Median operative time was 90±36.9 minutes which converted cases patient needed to operate in more than 2 hours (12% vs 1.5%), but not statistically significant ($p=0.63$). Median hospital stay was 9±27.2 days that significantly increased in converted cases (24±9 days, p -value= 0.011). Median of pre-operation = 7±26.8 days, and postoperation

= 2±3.8 days, with 13.3% patients underwent endoscopic retrograde cholangiopancreatography

(ERCP). Common bile duct injury (CBDI) was found in 3 cases (3.33%).

Conversion to laparotomy was required in 4.44% cases. Factors that influenced the rate of conversion included was only adhesion (RR (95%CI) = 25.7 (2.4-273.5), $p=0.007$).

Findings: Laparoscopic cholecystectomy offers shorter hospital stay. The operative time is short and procedure is standard, safe and effective in our institution.