

SUMMARY AND CONCLUSION

Gall stone disease is one of the most common causes of surgical manipulation of the gall bladder and bile ducts. Biliary calculi are formed out of the constituents of the bile. The majority are composed of a mixture of cholesterol crystals and bile pigment.

The gall bladder plays an important role in the formation of gall stones, and removal of the gall bladder cures the tendency to form further stones in most instances.

From 40 to 60 percent of all persons with gall stones are asymptomatic. The trend now is to observe such patients and not to recommend surgery. Depending on the severity of symptoms, the number and size of gall stones, function of the gall bladder, the surgeon in consultation may recommend cholecystectomy with or without bile duct exploration.

Diagnostic methods of the biliary system have changed considerably in the last few years, the greatest advances have been in the development of completely new modalities.

Ultrasonography, computed tomography, isotopic scanning and

magnetic resonance imaging are in the fore front. However, even in the traditional procedures such as plain film radiography and oral cholecystography, better understanding has resulted in more reasonable and efficient utilization. With new non-surgical forms of gall stone therapy, quantitative assessment of gall stone size and number as well as gall stone composition prediction have assumed increased diagnostic significance

The past 20 years have witnessed major changes in the management of gall stone disease much progress has been made in treating selected patients with cholesterol gallstones by means of oral dissolution

Extracorporeal shock wave lithotripsy uses high energy shock waves to fragment stones, to create stone fragments small enough to pass spontaneously into the duodenum and disrupt non - cholesterol stone layers .

A variety of per cutaneous options are proving to be effective for the treatment of gall stones . gall stones can be extracted using baskets or forceps through percutaneous cholecystostomy in the cases gall bladder stones.

The limitation which is common to all these newer forms of treatment is the high recurrence rate It is evident that even if

these treatment methods prove successful, removal of gall bladder will still be treatment of choice in a majority of instances

Recent advances in technology have resulted in the replacement of major operations by lesser procedures, currently called minimally invasive surgery laparoscopy is rather, a safe technique which can be learned easily and quickly the general surgeons

Our study included twenty patients who all were suffering from calcular cholecystitis proved by ultra-sound examination.

All patients were routinely investigated pre - operatively The patients were all subjected to cholecystectomy using the laparoscope which is composed of five major types of capital equipment which function together as a system The system of equipment include: insufflators, suction - irrigation systems, video endoscopy , systems, endoscopic light sources and electro-surgical unit we have excluded from these twenty patients five patients in whom we required to enterfere with open surgery due to to dens adhesions around gall bladder which necessitated open surgical intervention for safety .

All patients were kept for about ten days after surgery to asses the general condition and were seen in follow up one week , one month, 3 months and sex months later

The validity for the efficacy of the laparoscopic cholecystectomy was established, more or less, recently. The advantages of this technique appear to be as follows:

- 1-Punctured wounds versus long, formal incision with its morbidity and hazards
- 2-No damage to the nerve supply of the muscles of abdominal wall, with less possibility of incisional hernia.
- 3-Easier procedure than formal operation
- 4-Far less post-operative discomfort and a much faster recovery time.
- 5-There is an opportunity for exploration of the whole abdomen and the pelvic viscera.
- 6-From an economic point of view, the potential saving, set against a modest capital investment are enormous.

However, as being a new technique, laparoscopic cholecystectomy needs to be learned well. The availability of the instruments used, with its costs, make some sort of difficulty against its prevalence. We have to stress that safety should not be compromised during this technique and we have at any time during the procedure to convert it to open surgery. The procedure should be taught only to skillful, experienced surgeons, who know how to operate on biliary system.