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Letter to the Editor

Minilap cholecystectomy – A real substitute for laparoscopic cholecystectomy

To the Editor

Sir,

We read, with great interest, the paper “Mini-lap Cholecystectomy: Modifications and innovations in technique” by Chalkoo et al. (Int J Surg 2010; 8: 112–7). We agree that, in the third world, this procedure is an excellent substitute for laparoscopic cholecystectomy as it offers similar benefits but does not need costly equipment or special training of the surgeon. We have performed this procedure in over 400 consecutive cases and have some suggestions and questions:

1. Why do routine group and cross matching? If bleeding is encountered, it would be extremely easy to pack and extend the incision. How did they extend the incision if it became necessary? None of their 200 cases or any of our 400 needed blood transfusion.
2. It is not possible for the finger to reach and peel the gall bladder from the liver in all cases. In obese patients, the finger can barely reach the fundus of the gall bladder. This is also true where the liver sits high under the costal margin. In both these circumstances, we find it necessary to use longer instruments. How do the authors cope with these situations?
3. In performing digital dissection, how do they deal with the peritoneum and its vessels that tether the gall bladder to the liver on both sides? Is it simply torn off? “In particular, in the case of acute cholecystitis, there might be much bleeding on tearing the gall bladder from the liver. How did the authors maintain a clear field of view in such a tiny space?
4. Why is a drain used? It is no longer used in laparoscopic cholecystectomy and in most cases of open cholecystectomy. We never use it unless a gangrenous, perforated gall bladder is encountered.
5. Why was the gall bladder “decompressed as a routine in all cases”? If the Hartmann’s pouch is grasped with a long curved Kelly’s clamp, neither the fundus nor the rest of the gall bladder obstructs the view of Calot’s triangle. Routine perforation of the gall bladder and its occlusion with a Kelly’s clamp, places an additional instrument in a field that is already limited.
6. We recommend that they consider adding ligaclips with an angled clip applier and coaxial head-lighting to their instrumentation. The former would remove the need for tying knots in the depths of a limited incision and the latter would afford excellent lighting.

We support the use of this operation when, for any reason, laparoscopic cholecystectomy might not be feasible.

Conflict of interest

No conflicts of interest.

Vijay Naraynsingh, Yardesh Singh, Seetharaman Hariharan*, Dilip Dan

The University of the West Indies, Department of Clinical Surgical Sciences, Eric Williams Medical Sciences Co., Mount Hope, Trinidad, Trinidad and Tobago

* Corresponding author. Tel./fax: +1 868 662 4030.

E-mail address: uwi.hariharan@gmail.com (S. Hariharan)

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