



# “Early Elective” rather than “Emergency” Laparoscopic Transcystic Exploration can prevent bile duct exploration/ERCP in half of patients

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Dear Editor,

We read an article written by Czerwonko ME et al. entitled “Laparoscopic Transcystic Common Bile Duct Exploration in the Emergency Is as Effective and Safe as in Elective Setting” with interest.<sup>1</sup> We congratulate the authors as they have extended the indications for emergency surgery.

Endoscopic retrograde cholangiopancreatography (ERCP) followed by surgery is still standard protocol for the treatment of common bile duct (CBD) stones in many centres in the UK.

In our general surgical unit since 2016, we provide an early elective surgery service to these patients (within 2 weeks), as the majority of small stones in the CBD pass spontaneously and do not require ERCP.<sup>2</sup> When laparoscopic CBD exploration (LCBDE) is unsuccessful, post-operative ERCP remains a reasonable option.<sup>3</sup>

Our small prospective data analysis revealed that 8 (47%) out of 19 patients did not have any CBD stone visualised during an on-table cholangiogram. LTCBDE exploration was successful in 3 patients. Eight went on to need post-operative ERCP. From our early experience, we feel that if this protocol is followed, even a general surgical unit can half the number of patients needing ERCP (and hence potential post procedure sequelae).

We feel that LTCBDE is a safe, feasible option in a selected group of young (< 50), fit patients with small CBD stones

even in inexperienced hands. It provides one-stop treatment for patients with CBD stones. Furthermore, in younger patients, this avoids complications of ERCP and the long-term effects of sphincterotomy. Once experienced, the indications can be extended as mentioned in this article.

**Author Contribution** RD: Concept, drafting and overall supervision of the project

IM: Drafting corrections and preparation of the manuscript

## References

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