



LETTER TO EDITOR

Evaluation of relative criteria for single-incision laparoscopic cholecystectomy



KEYWORDS

Criteria;
Gallstone;
Single-incision
laparoscopic
cholecystectomy

Dear Editor,

Single-incision laparoscopic cholecystectomy (SILC) has gained the attention of surgeons, and many reports of various SILC procedures have rapidly accumulated.^{1–4} However, the only reported advantage of SILC over conventional laparoscopic cholecystectomy is better cosmesis. The indications for SILC have not been fully examined, and few reports have discussed the appropriate criteria for SILC.

Recently, we demonstrated the usefulness of our criteria for SILC described in the article entitled “Evaluation of relative criteria for single-incision laparoscopic cholecystectomy”, 2018, vol. 41, pages 216–221, based on the outcomes of 232 patients who underwent SILC.⁵ Thereafter, we have persisted in using these criteria for SILC in our department. Subsequently, an additional 68 patients have undergone SILC during the period from the writing of the original article until September 2018, and we have now used these criteria to perform SILC in a total of 300 cases since 2009. Herein, we re-evaluated the outcome of these 300 patients to reappraise our criteria for SILC.

From November 2009 to September 2018, 1482 patients underwent elective laparoscopic cholecystectomy in our department. Of these 1482 patients, 300 patients (20.2%) underwent SILC in accordance with our selection criteria. The 300 patients who underwent SILC represented 48.9% of the total 614 patients aged <60 years. The male:female

ratio among the 300 patients who underwent SILC was 78:222 (i.e., 74% were females). None of the recent 68 patients required additional laparoscopic ports or conversion to open surgery, and there were no postoperative complications. The average duration of postoperative hospitalization among these recent 68 patients (3.1 ± 1.0 days) was similar to that previously reported (3.0 ± 0.7 days). The average operation time of these recent 68 patients was slightly shorter (76.8 ± 22.6 min) than that previously reported (82.4 ± 22.8 min). The distribution of the number of patients in each age group who underwent conventional laparoscopic cholecystectomy versus SILC is shown in Fig. 1. Almost half of the patients aged <60 years underwent SILC (300/614, 48.9%).

While many previous studies have demonstrated that SILC techniques are feasible alternatives to conventional laparoscopic cholecystectomy, there is no evidence of superiority in terms of patient outcomes, except for cosmetic advantages. Moreover, postoperative morbidity reportedly tends to be higher after SILC than after conventional laparoscopic cholecystectomy. Therefore, if the main aim of SILC is improved cosmesis, then the indications for SILC should primarily ensure patient safety. We consider that our criteria for SILC are reasonable, necessary, and sufficient to ensure patient safety.

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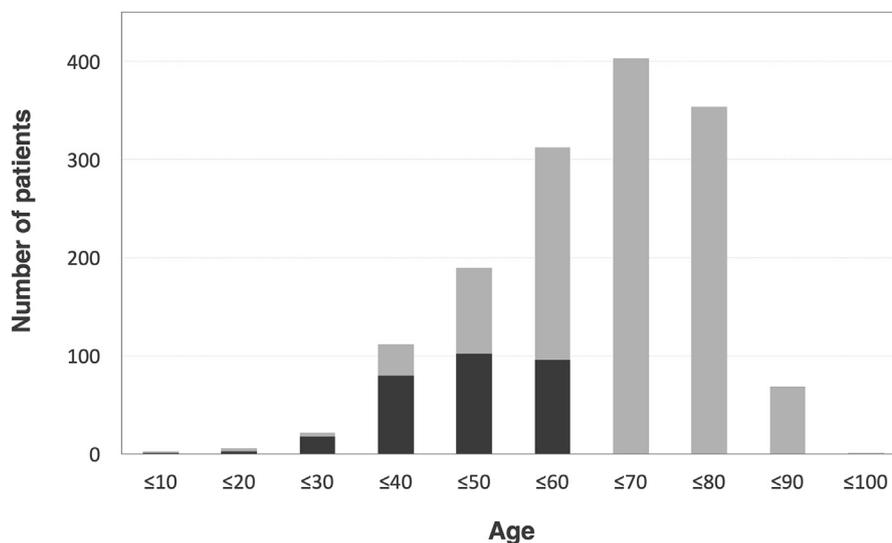


Figure 1 Number of patients in each age group who underwent laparoscopic cholecystectomy for cholelithiasis. The dark gray bars indicate patients who underwent single-incision laparoscopic cholecystectomy. The light gray bars indicate patients who underwent conventional laparoscopic cholecystectomy.

Conflicts of interest

None.

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Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.asjsur.2018.10.008>.

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