



## **COMPARISON OF GALL BLADDER RETRIEVAL FROM EPIGASTRIC PORT VS UMBILICAL PORT**

**Rajkamal Kanojiya, Ashna Jaggi, Ankur Avesthi and Rajat Goyal\***

Department of General Surgery, Mahatma Gandhi Medical College and Hospital, Jaipur

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### **ABSTRACT**

**Objective:** The objective of this article is to compare the post op events when gall bladder is delivered out from epigastric port as compared to umbilical port in laparoscopic cholecystectomy

**Methods:** 100 Adult patients undergoing laparoscopic cholecystectomy during a period of 6 months were compared. Were randomized to either group A (n = 50, GB retrieval through epigastric port) or group B (n = 50, GB retrieval through umbilical port)

**Results:** After comparison we found that Epigastric gall bladder retrieval was also associated with reduced risk of surgical site infection, and port site incisional hernia, reduced GB perforation rate, reduced port site bleeding rate and reduced difficulty in GB retrieval as compared to umbilical port. The need for enlargement of port was more in umbilical port as compared to epigastric port however pain was less when gall bladder was retrieved from umbilical port

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### **INTRODUCTION**

In case of all benign diseases of the gall bladder, laparoscopic cholecystectomy is the gold standard of treatment. laparoscopic cholecystectomy has lesser complications as compared to open cholecystectomy but gall bladder retrieval from umbilical and epigastric port always remains a point of discussion<sup>1-3</sup>. It depends on multiple factors, including rupture of blood vessels caused by rapid distension of the peritoneum, traumatic traction on nerves, trauma to abdominal wall during port insertion and gall bladder retrieval and with pneumoperitoneum. It is reported that incisional pain is more intense than visceral pain and is dominant during the first 48 hours after laparoscopic cholecystectomy and is reported as one of the factors affecting post-operative port site pain<sup>4-5</sup>. There is a high chance of intra-abdominal spillage and port site contamination. During retrieval of gall bladder some studies show epigastric port is better for retrieval due to ease for surgeon as there is no need to change the position of telescope and readjustment of position of surgeon. Retrieval of gall bladder is an important terminal event of laparoscopic cholecystectomy both umbilical port and epigastric port have been recommended for retrieval of gallbladder in laparoscopic cholecystectomy<sup>6-8</sup>.

### **MATERIALS AND METHODS**

A total of 100 cases were taken. In fifty patients gall bladder was retrieved from the epigastric port and in remaining 50 gall bladder was retrieved from umbilical port

Random cases were selected with no bias. Patients who had benign diseases of gall bladder were included. Malignant cases were not included in our study.

#### **Preoperative care**

Preoperative patients were prepared similarly with no bias Patients were admitted one day before surgery and were thoroughly investigated. Both the groups preanaesthetic checkup was done

#### **Intraoperative care**

All the patients were paint and draped. laparoscopic cholecystectomy was done with the four port technique. The gall bladder specimen was removed either from the epigastric port or the umbilical port depending upon the allocation of patients. haemostasis was achieved and wound was closed in layers

#### **Postoperative care**

The patients were kept nbm for 6 hours and were given NSAIDS 12 hourly. The patients were evaluated for port site pain, need to enlarge the port for gall bladder retrieval, surgical site infection, and port site incisional hernia, reduced GB perforation rate, reduced port site bleeding rate.

\*Corresponding author: **Rajat Goyal**

Department of General Surgery, Mahatma Gandhi Medical College and Hospital, Jaipur



Epigastric port



Umbilical port

## RESULT

Comparison of the two groups was done

	Group a	Group b
Surgical site infection	-	+
Port site incisional hernia	-	+
Port site bleeding	-	+
Port site pain	+	-
Gall bladder perforation rate	-	+
Increase in port size	-	+

## CONCLUSION

On comparing the two groups we found that port site bleeding, surgical site infection, port site incisional hernia, gall bladder perforation rate, increase in size of port was less in gall bladder retrieval from the epigastric port. However port site pain was more in retrieval of gall bladder from epigastric port. We recommend gall bladder retrieval from epigastric port.

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