

Direct cholecystectomy: anatomical considerations

Rolo, D., Rodrigues, A., Rolo, D., Meguins, L. and Abraão, L.

Universidade Federal do Pará

The Cystic Artery, a direct branch of the Hepatic Artery Proper, gives rise to a superficial or inferior branch and a deep or superior branch at the level of the Gallbladder's colum. These branches then, anastomose together and provide arterial supply to the adjacent hepatic substance. Due to the intricate vascular anatomy of the Gallbladder the Direct Cholecystectomy (DC) technique without previous ligation of the cystic artery and duct is safe, feasible and seems to be the most adequate technique, because it gives the surgeon better control of the surgical procedure, avoiding iatrogenic lesions. Analyze the DC and its technical feasibility and making anatomic considerations around the procedure. Ninety-five patients were submitted by the same surgeon to a DC from October/06 to April/08 and were clinically followed until the discharge from the hospital. The mean age of the patients submitted to the DC Technique was of 51,8 years (22-96). Sixty-one (64,21%) patients were females. As for the cause that lead the patient to be operated on, 72 (75.78%) were due to Chronic Lithiasic Cholecystitis; eight (8.24%) due to Acute Lithiasic Cholecystitis; seven (7.36%) due to Empiema of the Gallbladder; five due to Acalculiasic Cholecystitis (5.26%); one with Acute Acalculiasic Cholecystitis (1.05%); one (1.05%) due to perforation of the Gallbladder with choleperitoneum; and one (1.05%) due to a Septated Gallbladder. The mean hospital stay was of 2,41 days (1-31 days). DC was successful in 91 cases (95.78%), the other 4 (4.21%) cases necessitated previous ligation of the cystic duct and artery due to technical difficulties because of severe inflammatory process. Of these 91 patients, 7 (7.69%) presented intra-operative bleeding because of a lesion of the superior branch of the cystic artery controlled with hemostatic suture. The DC technique is a safe and feasible procedure to treat Cholecystitis, presenting with a low rate of complications, when certain precautions regarding the anatomy of the gallbladder arterial supply and surgical technique are taken into account by the surgeon.