

Is routine cholecystectomy still necessary during laparoscopic biliopancreatic diversion with duodenal switch?

Paryse Johnson MD, Laurent Biertho MD, Simon Marceau MD,
Frédéric-S Hould MD, Stéfane Lebel MD, François Julien MD.

*Department of Metabolic and Bariatric Surgery, Institut Universitaire de
Cardiologie et Pneumologie de Québec - Université Laval*

BACKGROUND: Routine cholecystectomy during laparoscopic biliopancreatic diversion with duodenal switch (BPD/DS) is still a matter of debate. The aim of this study was to assess the risk of biliary events and the need for cholecystectomy after a BPD/DS performed without routine cholecystectomy.

METHOD: Data from 132 patients who had undergone laparoscopic BPD/DS without cholecystectomy between 2007 and 2015 were retrieved using our prospectively collected database. Patients were all contacted for a telephone survey, and information about biliary symptoms and need for delayed cholecystectomy was collected. All pertinent documents were retrieved from community hospitals when patients were investigated or treated outside our hospital.

RESULTS: Of the 132 patients, 99 patients answered the telephone survey. 67 patients were female, median age at the time of surgery was 40 years old (22-69) and average BMI was 51 kg/m²(33- 83). 77 patients (77,8%) took ursodesoxycholic acid for a period of 6 months following BDP/DS. The median follow up was 6,0 years (2-10). 25 patients (25,3%) had a cholecystectomy performed after laparoscopic BPD/DS. 17 cholecystectomies (68,0%) were performed in an elective setting. 8 cholecystectomies (30%) were performed for cholecystitis in an urgent setting. Average length of hospital stay was 2,7 days (1-8). All 25 cholecystectomies were completed laparoscopically. There was no postoperative mortality. There was no case of choledocholithiasis. **CONCLUSION:** Incidence of symptomatic gallstones is high after BPD/DS. A significant number of patients will require cholecystectomy in the years following surgery. A selective approach to simultaneous cholecystectomy during BPD-DS is reasonable and safe.

