

## Pre-Conference CME Session

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### **A case of combined laparoscopic cholecystectomy and splenectomy in Jamaica**

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**Objective:** Despite the well-established benefits of minimally invasive surgery, challenges persist in its widespread use in developing countries. We present a video demonstrating the technical aspects and challenges of performing a combined laparoscopic cholecystectomy and splenectomy in a resource-constrained setting.

**Case Report:** A 34-year old woman with hereditary spherocytosis presented with a four-year history of right upper abdominal pain. Abdominal sonography revealed a moderately enlarged spleen measuring 18 cm and cholelithiasis. The patient was offered a combined laparoscopic cholecystectomy and splenectomy. We report the operative techniques used.

**Conclusion:** This case demonstrates that advanced laparoscopic procedures can be performed with good peri-operative outcome in a resource-constrained setting. Careful selection of cases, preoperative planning and requisite expertise are essential in optimizing outcomes.

### **Surgical treatment for acute cholecystitis: audit of emergent laparoscopic operations**

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**Objective:** To assess the clinical outcomes of emergent cholecystectomies for acute cholecystitis by the laparoscopic approach.

**Methods:** A prospective database of all laparoscopic cholecystectomies was maintained. The database was accessed to evaluate all emergent operations for acute cholecystitis over five years from February 2008 to February 2013. The following data were analysed: demographics, operative details, operating time, morbidity, mortality, hospitalization and patient satisfaction.

**Results:** There were 63 emergent operations done for acute cholecystitis in 50 (79.4%) females and 13 males, with an average age of  $44.7 \pm 11.6$  years and body mass index (BMI) of  $32.1 \pm 6.4$  kg/m<sup>2</sup>. There were nine (14.3%) patients with complicated acute cholecystitis: gallbladder empyema (8) and gangrenous cholecystitis (1). A conversion to open cholecystitis was required in one (1.6%) case. Emergent laparoscopic cholecystectomies were completed in a mean time of  $94.8 \pm 40.9$  minutes, with mean blood loss of  $93 \pm 108.5$  mls; overall morbidity was 7.94% and there was no mortality. The average duration of hospitalization was  $3.8 \pm 1.7$  days. The patients were able to return to work in  $7.2 \pm 4.4$  days with a mean satisfaction score of  $9.2/10 \pm 1.2$ .

**Conclusions:** In this setting, emergent laparoscopic cholecystectomy for acute cholecystitis is feasible and can be performed with acceptable morbidity, conversion rates and patient satisfaction.

### **Management of adult colo-colic intussusception**

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Adult bowel intussusception is a rare condition that can easily be misdiagnosed due to sub-acute and non-specific symptoms. We describe the management of colo-colic intussusception due to a colonic lipoma and review the existing literature on this disorder.

**Acute appendicitis: is 'modern management' any different?**

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**Summary:** Acute appendicitis and its complications are not uncommon to the general surgeon. Appendectomy has been

the primary approach to management of this condition but there are many changes in the understanding of this condition. This discursive paper explores the controversies in management of appendiceal masses, the perceived risk of perforation and the need for mandatory appendectomy.