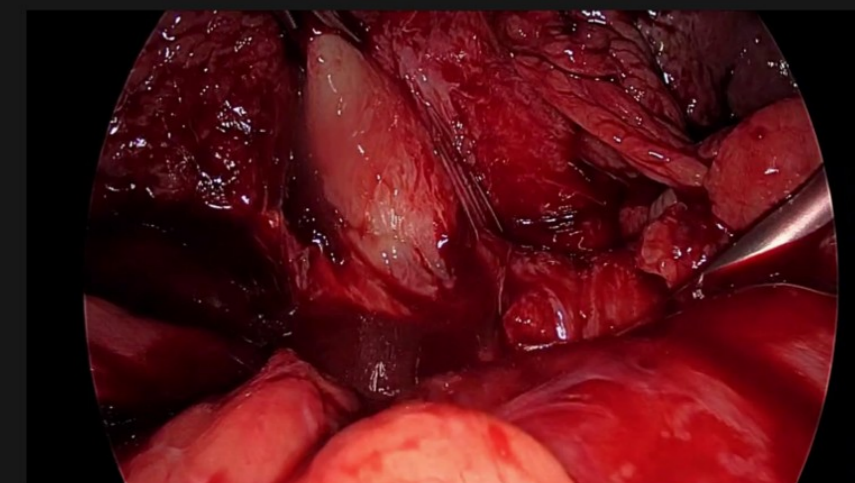
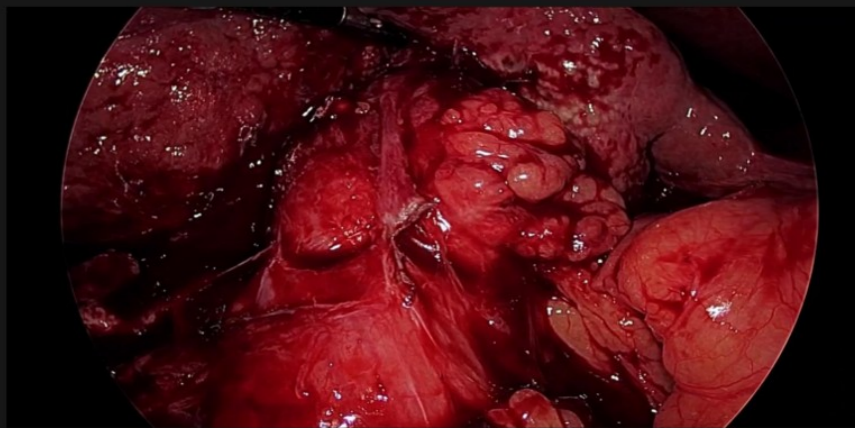
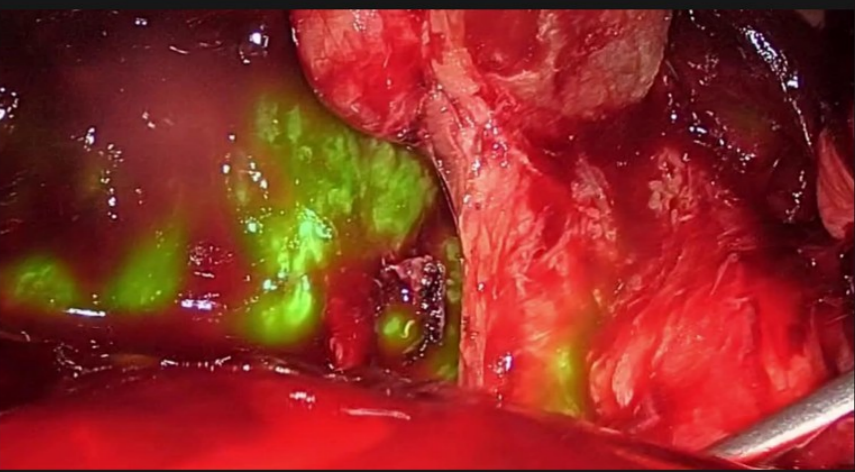
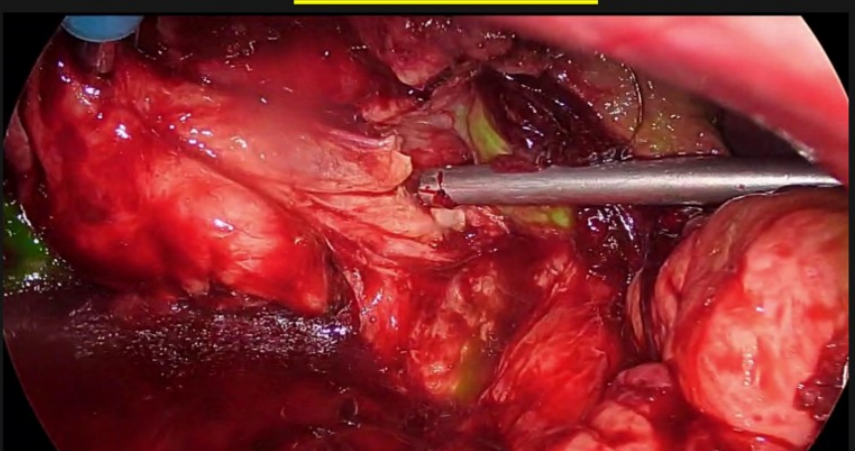


# ROLE OF INDOCYANINE GREEN IN LOWERING THE INCIDENCE OF BILE DUCT INJURIES IN LAPAROSCOPIC CHOLECYSTECTOMY - OUR EXPERIENCE AT A TERTIARY CARE HOSPITAL

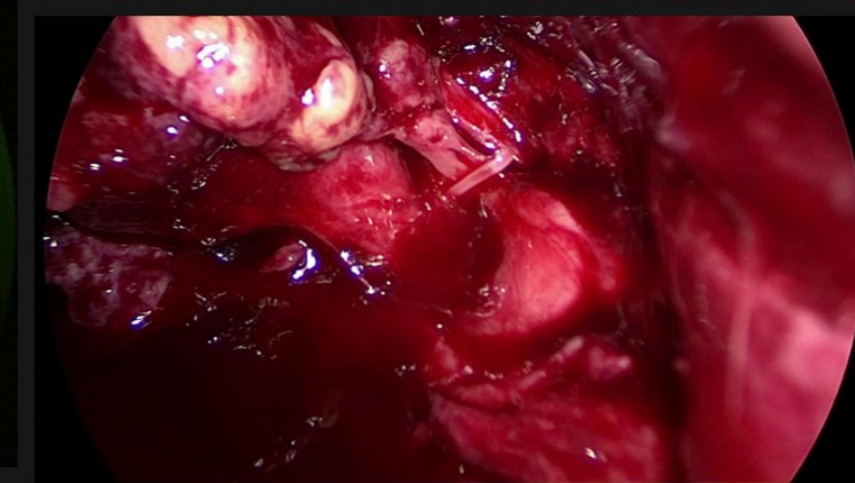
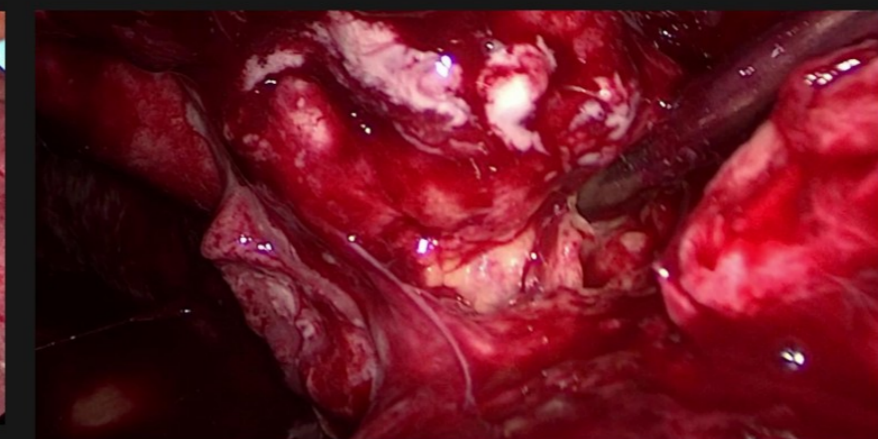
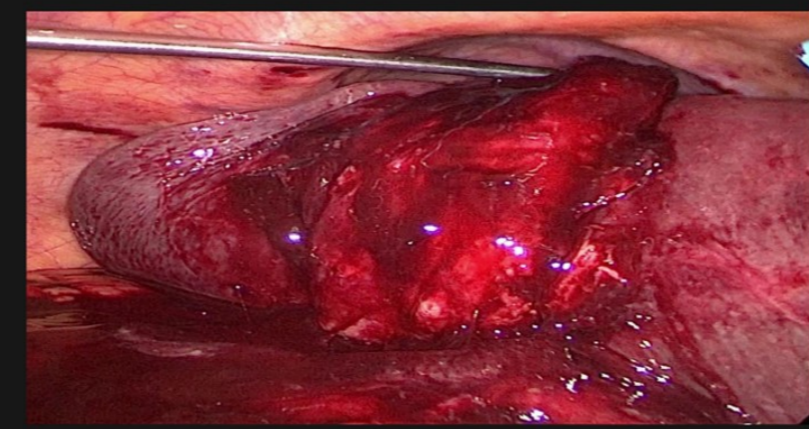
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## A CASE OF SEALED OFF GB PERFORATION



## A CASE OF SGSD

Laparoscopic cholecystectomy with real-time ICG fluorescence cholangiography enables a better visualization and identification of biliary tree and therefore should be considered as a means of increasing the safety of laparoscopic cholecystectomy



## AIM

To evaluate the feasibility and usefulness of ICG in intraoperative assessment of biliary anatomy and avoiding bile duct injury .

## MATERIALS & METHODS

Retrospective study  
From May 2022 to May 2024, patients admitted to SGE dept , MMHRC for Lap Cholecystectomy were considered.  
5 mg ICG injected IV one hour before procedure, and anatomy assessed using fluorescence camera system prior to clipping the CD

## OBJECTIVES

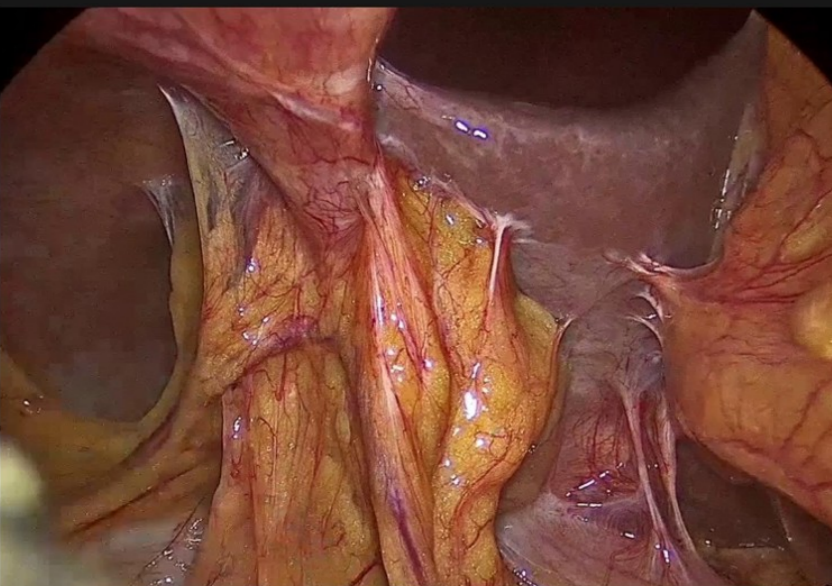
Primary outcome - Incidence of Bile Duct Injuries.

## RESULTS

Our analysis included 976 patients -  
Mirizzi Syndrome - 3  
SGSD - 443  
GB Polyp 8  
Acute Cholecystitis - 252  
Emphsematous Cholecystitis 1  
Chronic Cholecystitis - 40  
Post partial cholecystectomy - 1  
Empyema Gall bladder - 54  
Acalculous Cholecystitis - 2  
Gangrenous Cholecystitis - 47  
Mirizzi Syndrome with Choledocho cutaneous fistula - 1  
Acute Biliary Pancreatitis - 83  
Mucocele - 40

Visible fluorescence was detected in 100% of the cases.  
None of the cases were converted to open  
Mean day of discharge - POD 3  
Total 4 patients had Bile duct injury.  
Injuries classified as per Strassberg - Bismuth Classification  
The overall BDI rate is 0.22 % in simple gall bladder surgery where as in cases of difficult gall bladder surgery the incidence is 0.57 % way less than 1.89% as described in literature.

	INJURY	Dx	Rx
1	TYPE A	GANGRENOUS CHOLECYSTITIS	ERCP and Stent
2	TYPE D	ACC	ERCP and Stent
3	TYPE D	ACC	ERCP and Stent
4	TYPE E2	SGSD	RYHJ



ACC IN REMNANT GB WITH Cholecysto - Cutaneous Fistla

