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# STUDY OF FUNDUS FIRST APPROACH IN DIFFICULT LAPAROSCOPIC CHOLECYSTECTOMY IN FROZEN CALOT'S TRIANGLE WITH RESPECT TO SAFETY AND REPRODUCIBILITY.

SCAN ME

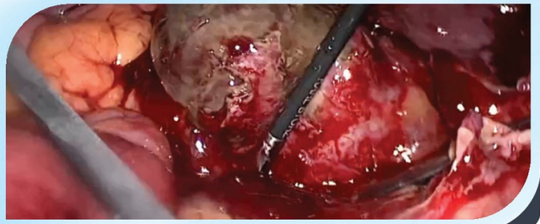
## INTRODUCTION

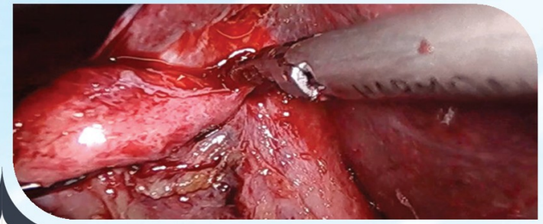
Laparoscopic Cholecystectomy (LC) is most simply carried out using Calot's Triangle First technique.

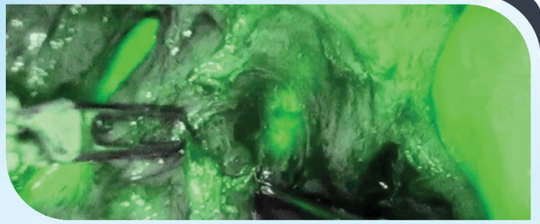
Fundus First dissection technique can be used in LC with safety. Although mostly its use is limited to cases with difficult Calot's triangle dissection, this study aims to state that Fundus first technique can be used in routine LC with enhanced safety as the Cystic duct & Artery are easily dissected & identified after dissection of Gall Bladder.

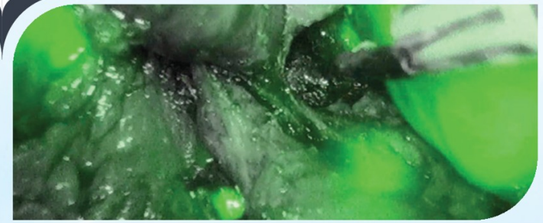
## AIM

To study of fundus first approach in difficult laparoscopic cholecystectomy in frozen calot's triangle with respect to safety and reproducibility.









## RESULTS

- In 114 difficult LC the fundus first dissection helped in completing the LC without need for conversion to open. Time required was average 120 min.
- There was no incidence of injury to CBD/CHD , Right Hepatic Artery.
- No other complications were observed in these cases.

### Fundus first technique is often useful in cases of

- Dense adhesion (frozen) at the triangle of Calot
- Contracted and fibrotic gall-bladder
- Gangrenous / Acutely inflamed gall-bladder
- Empyema Gall-Bladder
- Mirizzi's syndrome cases.

## METHOD

A retrospective analysis of 123 surgeries performed as difficult laparoscopic cholecystectomies in frozen Calot's triangle was done. Fundus First dissection technique was used in 123 cases of LC from 2015 to 2024.

Indication for fundus first LC was frozen Calot's triangle with difficulty in identification of Cystic duct, Artery & CBD. In all 114 surgeries could be completed without need of conversion to open.

In 9 cases which were converted to open due to nonidentification of important structures.

## CONCLUSIONS

This study provides valuable insights into the feasibility and safety of the Fundus first approach in difficult LC, particularly with frozen Calot's triangle. The results demonstrate that the Fundus first technique can be successfully applied in these challenging cases, ensuring a safe and efficient surgical outcome. It also shows reproducibility of the technique.

- Surgeon should be well versed with Calot's First or Fundus First technique of dissection
- Consider Risk Factors that may complicate the procedure.
- Expect the UNEXPECTED.
- Be sure to Identify the anatomy correctly – IOC/ICG – Critical View of Safety (CVS)
- **Unsuccessful Identification of structures:** Alternative 'Bailout' procedure to avoid injury.
- Call for assistance.

| | LC by Fundus First | Conversion to Open |
|---|---|---|
| Frozen Calot's | 47 | 5 |
| GB Empyema | 30 | 2 |
| Gangrenous GB | 29 | 1 |
| Mirizzi's | 02 | 1 |
| Contracted & Fibrotic GB | 15 | 1 |

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