HBP SURGERY WEEK *2023*

MARCH 23 THU - 25 SAT, 2023 | BEXCO, BUSAN, KOREA www.khbps.org

& The 58th Annual Congress of the Korean Association of HBP Surgery



EP 075

Perioperative Outcome Of Laparoscopic Single Site+1 Cholecystectomy Using ArtiSential Instrument. : Comparing With Robotic Single-port Cholecystectomy

Seoung Yoon RHO¹, Mun Seok CHOI¹, Sung Hyun KIM², Seoung Soo HONG², Chang Moo KANG*²

¹Division Of Hepatobiliary And Pacreas, Department Of Surgery, Yongin Severance Hospital, REPUBLIC OF KOREA ²Division Of Hepatobiliary And Pacreas, Department Of Surgery, Severance Hospital, REPUBLIC OF KOREA

Background : Laparoscopic cholecystectomy is known as gold standard procedure for benign gallbladder disease. However, there is still frustration for reducing port using various instruments. We investigated early perioperative outcomes of laparoscopic single site + 1 cholecystectectomy using ArtiSential instruments (ArtiSential cholecystectomy).

Methods : From July 2022 to December 2022, total 116 patients underwent ArtiSential choelcystectomy in Severance hospital and Yongin Severance hospital. From May 2019 to December 2022, total 210 patients underwent robotic single-port cholecystectomy. Clinical characteristics and perioperative outcomes, postoperative pain score were compared between ArtiSential cholecystectomy and robotic single-port cholecystectomy (RSPC).

Results : Patients in ArtiSential cholecystectomy group were older than RSPC group with statistical significance (43.9 vs 51.9, p <0.001). There are larger portion of male patients (24.8% vs 50.9%, p<0.001) and acute cholecystitis with stone (0.5% vs 21.6%, p<0.001) in ArtiSential cholecystectomy group compared to RSPC group. There were no differences between two groups in terms of estimated blood loss, postoperative complications, hospital stay. Mean operation time of ArtiSential cholecystectomy was shorter than RSPC group (94.8 vs 56.5, p<0.001). Despite of no differences in pain score at discharge day, ArtiSential cholecystectomy showed significant lower immediate postoperative pain score than RSPC group. (5.4 vs 2.7, p<0.001). In subgroup analysis regarding sex, obesity, operation time, preoperative symptoms and gallbladder stone with cholecystitis, there were no significant differences between two groups.

Conclusions : ArtiSential cholecystectomy can be performed safe and feasible. ArtiSential cholecystectomy showed markedly lower immediate postoperative pain score than RSPC with comparable operative outcomes as regards estimated blood loss, hospital stay, postoperative complication rates

Corresponding Author : Chang Moo KANG (cmkang@yuhs.ac)