

The Outcome of Single stage Laparoendoscopic Rendezvous ERCP and Laparoscopic Cholecystectomy for Cholecystocholedocholithiasis in a District General Hospital

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Introduction

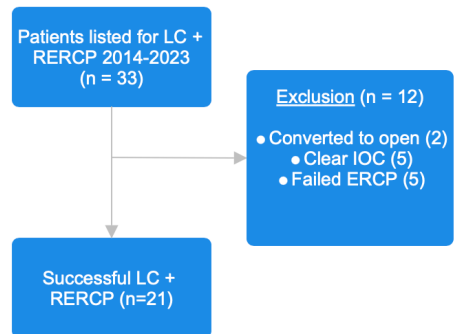
- Cholecystocholedocholithiasis is managed surgically by either single-stage, or two-stage procedures. This can be achieved by either laparoscopic cholecystectomy (LC) and simultaneous common bile duct (CBD) exploration or by preoperative Endoscopic Retrograde Cholangiopancreatography (ERCP) followed by LC.¹
- No consensus exists on the preferred option for definitive management, but a single-stage procedure offers the advantage of reduced length of stay in hospital (LOSH) and reduced exposure to anaesthesia.²
- Rendezvous ERCP (RERCP) is an innovative laparoendoscopic technique combining LC and ERCP. It involves a single staged procedure where a LC is performed, and selective cannulation of the CBD is aided by laparoscopic transcystic placement of a guide-wire into the duodenum.

Objectives

- The aim of this study is to evaluate the outcomes of Rendezvous ERCP (RERCP) as a management option for cholecystocholedocholithiasis within a District General Hospital (DGH).

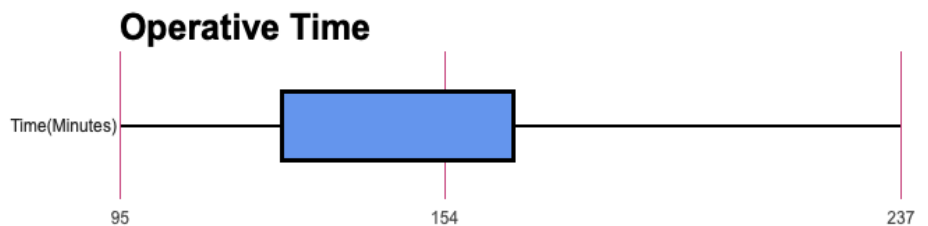
Methods

- Retrospective collection of data over period 2014 - 2023
- Preoperative variables included age, gender, ASA grade, Charlson comorbidity index (CCI), frailty score, and indication.
- Postoperative variables analysed were operating time, complications, 30-day re-admission rates, and length of stay in the hospital (LOSH)



Results

Age	60±17 years
LOSH	3.5±2.8 days
CCI	2.4±1.9



- Of the 21 patients who underwent RERCP, 76% (n=16) were female.
- 59% (n=13) of all procedures were elective.
- The ASA range was I to III
- 52% (n=11) of patients had a previous failed ERCP.
- There were a total of 4 complications (19%) : Biliary including pancreatitis (n=2) and non-biliary (n=2) of cases each.
- There were no re-admissions over the 30-day period and no mortalities at 1-year.
- When comparing elective and emergency procedures, there was no significant difference in: operating time (p=0.16), LOSH (p=0.19) or complications (p=0.13)

Conclusions

RERCP remains a valuable option for managing cholecystocholedocholithiasis in both emergency and elective settings, particularly in those with previously failed ERCP. Future work should focus on comparing RERCP to LC + CBD exploration, another option for single-stage management.

References

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2. Rogers SJ, Cello JP, Horn JK, Siperstein AE, Schechter WP, Campbell AR, et al. Prospective randomized trial of LC+LCBDE vs ERCP/S+LC for common bile duct stone disease. Archives of Surgery [Internet]. 2010 Jan 1;145(1). Available from: <https://jamanetwork.com/journals/jamasurgery/fullarticle/213330> doi:10.1001/archsurg.2009.226