**J West Bengal Univ Health Sci. 2020; 1(2):19-25.**

**A STUDY ON PRE-OPERATIVE RISK FACTORS (USG SCORE) IN PREDICTING THE CONVERSION FROM LAPAROSCOPIC CHOLECYSTECTOMY TO OPEN SURGERY IN A TERTIARY CARE HOSPITAL IN INDIA**

**Siddhartha Sankar Bhattacharjee1C:\Users\admin\Desktop\20061.png, Arun B R1, Greeshma Suresh1, Deba Kumar Chakrabartty2**

**Author Information**

1.Dept of General Surgery, Silchar Medical College and Hospital, Assam

2.Dept of Radiology, Silchar Medical College and Hospital, Assam

email: sidharth\_dr@yahoo.com



**ABSTRACT**

Background: Laparoscopic cholecystectomy has now become the gold standard surgical treatment of gallstone disease. This study was performed to identify the pre-operative risk factors in predicting ‘difficult’ gallbladder (GB) for laparoscopic cholecystectomy and hence, conversion to open surgery.

Methods: The study was carried out at Silchar Medical College & Hospital, Assam, from January 2018 to December 2019. In this study, we have included 450 patients of calculous cholecystitis on the basis of history, clinical examinations and USG (ultrasound) findings. Pre-operative patient factors and also the ultrasonographic findings of gallbladder were noted before the patients underwent laparoscopic cholecystectomy. Basing on gallbladder USG finding within 24 hours prior to surgery a score was formulated for prediction of conversion. The cases converted were noted. Chi-square test was used to know whether the individual pre-operative patient factors had significant role in conversion.

Results: Diabetes, previous history of acute cholecystitis, obesity, previous abdominal surgery, patients operated during an acute attack of cholecystitis, ultrasonographic features like thickened gallbladder, distended/contracted gallbladder, presence of pericholecystic fluid were found to be statistically significant risk factors for the conversion to open surgery. A GB USG score of > 10 was statistically significant in predicting the conversion.

Conclusion: Our preoperative GB USG score, within 24 hours prior to surgery, helps predict ‘difficult’ laparoscopic cholecystectomy and hence, the risk of conversion to open surgery.

Keywords: Calculous cholecystitis, difficult laparoscopic cholecystectomy, laparoscopic cholecystectomy.