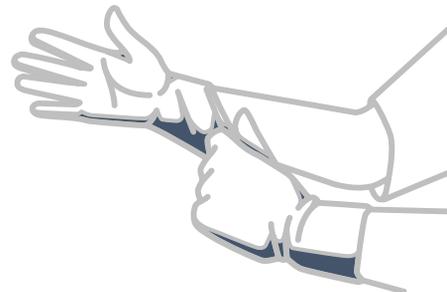


### Primary closure versus T tube drainage in laparoscopic common bile duct exploration: has the paradigm already changed?

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#### INTRODUCTION

The question of how to close de common bile duct (CBD) following of laparoscopic bile duct exploration (LCBDE) remains a topic of debate. Traditionally, the CBD is closed with T-tube drainage after choledochotomy and removal of CBD stones. With advances in laparoscopic instrumentation and acquisition of advanced laparoscopic skills primary duct closure without a T-tube has been proposed as an alternative. In recent studies primary closure has been showing less complications, shorter hospitalization stay and reduced operative times discouraging the routine use of T-tube after LCBDE.

#### AIM

To compare the safety and effectiveness of primary closure with T-tube drainage in laparoscopic common bile duct exploration (LCBDE) for choledocholithiasis.

#### METHODS

Observational, retrospective study of patients undergoing LCBDE between January 2012 and December 2018. Descriptive and statistical analysis was performed with SPSS 25.

#### RESULTS

67



61,2%

64

underwent LCBDE with a transcholedochal approach

Female

Median age, years

**Choledocoscopy** was executed in **49,3%** of the patients

**Primary closure** rate was **28,4%**

The T-Tube group had a higher complications rate and an inferior CBD stone clearance rate

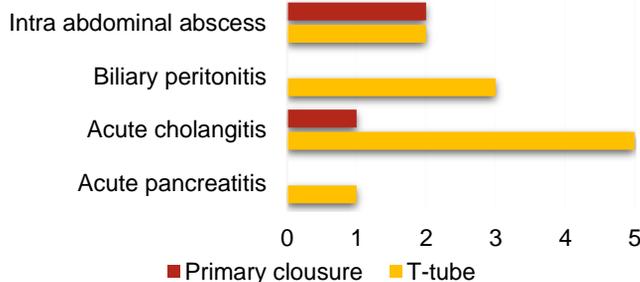
T-Tube Primary closure

Complications **22,9 %** **15,8 %**

CBD stone clearance **87,9 %** **90,0 %**

The hospital stay was similar in both groups.

#### Complications



#### CONCLUSION

Primary closure is feasible and associated with fewer complications than T-tube drainage. Based on these results, primary duct closure may be considered as the optimal procedure for CBD closure after LCBDE. T-Tube drainage is now performed more selectively even though it provides access to the biliary system.

