Experience of Resident Assistant Does Not Influence Incidence of Common Bile Duct Injuries During Laparoscopic Cholecystectomy

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Incidence of Common Bile Duct Injuries During Laparoscopic Cholecystectomy

Background

Common bile duct injuries (CBDI) are a significant complication of the 800,000 cholecystectomies that are performed yearly in the United States. The CBDI rate for laparoscopic cholecystectomy (LC) is around 0.5%. A recent publication urged practicing general surgeons to perform cholecystectomy with a qualified assistant, i.e., another surgeon as opposed to a surgery resident, to decrease the chance of CBDI and litigation. The aim of this study was to determine if a correlation between CBDI and level of the assistant exists.

Methods

A retrospective review of laparoscopic cholecystectomies was performed at a single institution from 2003–2008. Data collected included demographics, postgraduate year (PGY) status for year 2007–2008, surgeon junior, chief, and number of cases by PGY status for year 2007–2008. ᴵ�Locations

Results

Of the 3484 laparoscopic cholecystectomies performed, 5 (0.14%) CBDI occurred. The assistants were PGY4 residents. Fifteen other injuries occurred. The assistants were PGY4 or 5 residents. Fifteen other injuries occurred with a rate four times greater than that of CBDI at 0.43%.

Conclusion

CBDIs are among the most significant complications in a general surgery practice. Our data, from a large residency program (four categorical residents/year during the study period), show a CBDI injury rate well below the nationally quoted rate. All PGY levels assist in LC and with the rate of CBDI at our institution being well below the accepted percentage. No correlation between CBDI and level of the PGY assistant was shown.