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**26 years of experience in laparoscopic common bile duct exploration a single institution experience at Texas Endosurgery Institute.**

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Session abstract will be presented in: **Biliary Session**

Number of Reviewers: **4**
Total Score: **22**
Mean Score: **5.5**

| Score | Reviewer | Reject Comment | Overall Comment |
|---|---|---|---|
| 6 | Richard Vazquez | | Needs to be presented and discussed. |
| 4 | William Hope | | Large review of lap cbde from single center |
| 7 | Arthur Rawlings | | Retrospective review. Large data set for the procedure addressed. |
| 5 | Benjamin Poulose | | |

**Introduction**: Routine use of intraoperative cholangiogram (IOC) in laparoscopic cholecystectomy leads to identification of patients with choledocholithiasis. Traditionally a surgical team performed its management, but advances in technology of endoscopic retrograde cholangiopancreatography (ERCP) introduces two teams, the gastroenterologist and surgical team, resulting in a costly way to solve this common problem. The aim of this paper is to demonstrate that the laparoscopic common bile duct exploration is feasible and safe.

**Material and methods**: A prospective developed of database of patients who underwent laparoscopic CBDE transcholedocal or transcystic between January 1991 and January 2017 at the Texas Endosurgery Institute were included in this study and the data was analyzed prospectively.

**Results**: Since January 1991 thru January 2017, 8934 patients underwent to laparoscopic cholecystectomy with IOC. 650 (7.27%) were diagnosed with choledocholithiasis, with 421 (64.7%) women, and 229 (35.3%) men. 498 (76.6%) were transcholedocal bile duct exploration with 483 (97%) T-tube placement. 152 (23.4%) were successful laparoscopic common bile duct exploration by transcystic technique. 4 (0.6%) patients had bleeding which was controlled with conservative treatment, 2 (0.3%) patient had jaundice, 6 (0.9%) patients had pancreatitis, 6 (0.9%) had wound infection, 4 (0.6%) patients had biloma, 2 (0.3%) patient had cholangitis, 11 (1.7%) patients had retained stones and needed ERCP, and 5 (0.8) patients had T- tube complications, 2 dislodged in recovery room, when nurses manipulated tube, 2 dislodged 2 days PO in patient's room, 1 difficulty to remove.

**Conclusions**: Laparoscopic CBDE is a safe and feasible technique to treat choledocholithiasis either via common or cystic duct, allowing a successful exploration and clearance of the stones. Two-handed laparoscopic suturing techniques are essential, and a systematic stepwise technique is adviced.