

JOINT EVENT

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Critical view of safety (CVS) prevents bile duct injury: is it a myth or reality?

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Bile duct Injury (BDI) continues to occur in 0.3-0.5% of Laparoscopic cholecystectomies (LC). Misidentification of ductal anatomy is the commonest cause of BDI besides local pathology and technical reasons. Since the beginning, the surgeons rely on infundibular technique for ductal identification world wide. However, it is prone to failure and an “error trap” in variable anatomy and especially in the presence of acute and chronic inflammation. Strasberg in 1995 described a method named – critical view of safety (CVS) based on three minimum criteria of dissection in hepatocystic triangle to identify cystic duct and artery conclusively, resulting in zero BDI during LC. Although many authors have shown CVS to be effective in preventing BDI, yet significant number (0.73-1.7%) of injuries are being reported from centres advocating CVS. Therefore, does it mean CVS technique is just talked about? Or really effective and superior to infundibular technique in preventing BDI. To alienate the doubts of its feasibility and effectiveness in preventing BDI, the present prospective study was undertaken in 1340 patients having two groups, Group-A (CVS-700 patients) and Group-B (Infundibular technique -640 pts). Patients in both the groups were of similar case mix. Group-A had two surgeons (Jr. Consultant 50-100LC and Sr. Surgeon >12000LC experience) and Group B (four surgeons having >100LC experience). CVS was achieved in 98.1% of pts and there was no conversion, bile leak and BDI (group-A). Where as in Group-B- 32 conversion, 5 BDIs occurred and out of which 3 were major BDIs. The operating time taken in Group-A (approx. 90-110minutes) was significantly higher than group-B (60-80 minutes). CVS documentation by DVD recording and OT notes were found to be equally good compared to photographs. To conclude, the results of this study leave no doubt of CVS being safe, feasible and superior to infundibular technique in preventing BDI.

Biography

Dr. Ranbir Singh is currently working in the section of Minimally Invasive Surgery, WASHU, st. Louis, MO under Prof. L. Michael Brunt and Prof. Steven M. Strasberg. Recently he has been made as Associate Fellow of American College of surgeons and recommended for FACS. He finished his Minimal Invasive surgery super-speciality fellowship degree from Maharashtra University of Health sciences, Nashik, India with a Gold Medal in the fellowship exit exam. He was recently awarded with youngest University certified Minimal Access Surgeon in northern India. His principal focus is on Clinical areas of Minimal Invasive Surgery especially in CVS in Lap. Cholecystectomy, colorectal, Hiatal/inguinal/Paraesophageal and incisional hernias, Solid organ surgery and Minimal invasive Metabolic and Bariatric Surgery. He was the Runner's up award holder in the World Cup Video award (Laparoscopic Pelvic Anatomy) during the 15th World congress of Endoscopic Surgery, Shanghai, China in 2016. He has published six papers in reputed journal with his latest article in Annals of Laparoendoscopic surgery as Invited Review article on Critical View of Safety in Laparoscopic Cholecystectomy with Prof Michael Brunt. He has attended and delivered lectures in more than 10 National and international conference. He has to his name a book chapter on Biliary Anatomy Relevant to Laparoscopic Cholecystectomy in the 3rd Edition of Comprehensive laparoscopic surgery by Indian Association of Gastrointestinal-Endoscopic Surgeons (IAGES).

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