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'Laparoscopic Cholecystectomy' or Simply 'Cholecystectomy'?

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We enjoyed reading the paper by Hasaniah et al. [1] in which they reported their experience of 2,750 laparoscopic cholecystectomies in a hospital in Kuwait. This article showed the excellent results of laparoscopic cholecystectomy and confirmed its place in the armamentarium for the general surgeon. We would like, however, to make the following comment based on our personal experience of 1,700 laparoscopic cholecystectomies and on available reports [2–5].

Laparoscopic cholecystectomy has spread rapidly worldwide mainly because postoperative pain is less, recovery is more rapid, hospital stays are shorter and return to work is quicker than with the open procedure. Moreover, the traditional absolute contraindications for laparoscopic cholecystectomy in certain specialized situations have largely been resolved and rendered relative, including the presence of acute cholecystitis [2], a history of previous abdominal surgery, gross obesity, pregnancy [3], cirrhosis [4] and even situs inversus totalis [5]. Therefore, open cholecystectomy is now used in most cases as a conversion for a preliminary laparoscopic approach.

It would then seem that the term 'laparoscopic cholecystectomy' is a redundancy, and the addition of 'laparoscopic' when referring to cholecystectomy should be abandoned. We take the view that 'cholecystectomy' should simply be taken these days to mean 'laparoscopic cholecystectomy', while 'open cholecystectomy' should be the term used specifically when referring to the open procedure, either as a result of conversion from an initially laparoscopic approach or when for some reason laparoscopy was not used primarily.

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Reply

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We would like to thank Polychronidis et al. for their interest in and comment on our paper 'Laparoscopic cholecystectomy in 2,750 cases in a teaching hospital in Kuwait' [1].

We agree with the suggested change in terminology: 'cholecystectomy' instead of 'laparoscopic cholecystectomy' and 'open cholecystectomy' when referring to the open procedure. We also pointed out the worldwide acceptance of 'laparoscopic cholecystectomy' in our paper [2, 3]. In our practice, only patients with a previous upper abdominal operation were contraindicated for the laparoscopic approach, but not those patients with liver cirrhosis, obesity, pregnancy or acute cholecystitis.

We would therefore like to encourage all authors and particularly editors of medical journals to use 'cholecystectomy' wherever the procedure is laparoscopy and we further suggest that the usage of this be popularized by international symposia on laparoscopic surgery and conferences.

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