Is ERCP the best treatment for coledocholithiasis? Laparoscopic and robotic management in choledocholithiasis

Maxwel Capsy Boga Ribeiro
Federal University of Uberlândia, Brazil

Cholelithiasis and choledocholithiasis is a disease where incidence increases with age and can have serious complications such as pancreatitis, cholangitis and liver abscesses, but its management is controversial, because there are minimally invasive laparoscopic and endoscopic surgical procedures. The best method for the diagnosis of choledocholithiasis is magnetic resonance cholangiopancreatography, which shows a sensitivity of 95%, is not invasive, does not use ionizing radiation, and is of low risk to the patient. Its accuracy for the diagnosis of choledocholithiasis is similar to that of endoscopic retrograde cholangiopancreatography (ERCP) or transparietohepatic cholangiography, without the risks associated with these invasive procedures. Endoscopic treatment is indicated during the perioperative period or during cholecystectomy, while surgical treatment consists of exploration of the cystic duct or classical choledochotomy, and also during laparoscopic or robotic cholecystectomy. The time of diagnosis of choledocholithiasis is important to establish the type of treatment. Bile duct exploration through the laparoscopic access has been suggested as the gold standard for the treatment of choledocholithiasis, including robotic surgery, by some authors. The access to the biliary tract can be obtained through the cystic or common bile duct. In our service, patients with few stones in the bile duct, in a distal position, colecystectomized, with high anesthetic or surgical risk, with sickle cell anemia, severe obese and with suppurative acute cholangitis are submitted to ERCP. And the other hand, patients submitted to Gastric Bypass or Gastrectomy with BII or Y-Roux reconstruction, with a disproportionate caliber of the distal choledochus in relation to the stones, with multiple or proximal choledocholithiasis and when ERCP fault or is not available, are submitted to biliary whitening through choledochotomy. Therefore, I would like to reveal our protocol to approach coledocholitiasis as well as demonstrate our step-by-step procedure for the main biliary tract in these cases, presenting our results.

e: maxwelboga@yahoo.com.br