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Role of Laparoscopic common bile duct exploration in the management of choledocholithiasis

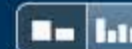
Nikhil Gupta

**Abstract**

Surgical fraternity has not yet arrived at any consensus for adequate treatment of choledocholithiasis. Sequential treatment in the form of pre-operative endoscopic retrograde cholangio-pancreatography (ERCP) followed by laparoscopic cholecystectomy (LC) is considered as optimal treatment till date. With refinements in technique and expertise in field of minimal access surgery, many centres in the world have started offering one stage management of choledocholithiasis by LC with Laparoscopic common bile duct exploration (LCBDE). Various modalities have been tried for entering into CBD [Transcystic(TC) versus Transcholedochal(TD)], for confirming stone clearance (Intraoperative cholangiogram IOC versus choledochoscopy), and for closure of choledochotomy (T-tube versus biliary stent versus primary closure) during LCBDE. Both TC and TD approaches are safe and effective. TD stone extraction is involved with an increased risk of bile leaks and

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