

SURGEON VERSUS RADIOLOGIST INTERPRETATION OF INTRAOPERATIVE CHOLANGIOGRAPHY IN LAPAROSCOPIC CHOLECYSTECTOMY: A POPULATION-BASED STUDY

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Poster

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A Swedish registry study of 118,556 laparoscopic cholecystectomies found surgeon-led interpretation of intraoperative cholangiography was associated with shorter operating times and fewer intraoperative complications compared to radiologist interpretation, with no difference in bile duct injury or choledocholithiasis detection rates.

KEY POINTS

- Operating time was 11.3 minutes longer when radiologists assessed the intraoperative cholangiography compared to surgeon interpretation (95% CI 1.60-20.89).
- Intraoperative complications were more common with radiologist interpretation (2.6% vs 1.5%; OR 0.58, 95% CI 0.52-0.63), while postoperative complications were slightly higher with surgeon-led interpretation (8.2% vs 7.3%; OR 1.14, 95% CI 1.08-1.20).
- Bile duct injury rates (0.3%; OR 1.0, 95% CI 0.79-1.27) and detection of choledocholithiasis (12.4% vs 12.6%; OR 1.02, 95% CI 0.90-0.99) were similar between groups.
- The authors conclude that routine radiologist involvement may be unnecessary and an inefficient use of resources.
- This material is relevant for surgeons, radiologists, and healthcare administrators involved in laparoscopic cholecystectomy workflow decisions.

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