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HEALTHCARE MANAGEMENT

Laparoscopic cholecystectomy Guidelines

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Laparoscopic cholecystectomy is a minimally invasive surgical procedure used for the removal of a diseased gallbladder. This procedure results in less postoperative pain, and shorter hospital stays and disability from work than open cholecystectomy.

Laparoscopic cholecystectomy is currently indicated for the treatment of acute or chronic cholecystitis, symptomatic cholelithiasis, acalculous cholecystitis, gallstone pancreatitis, and gallbladder masses or polyps.

Clinical Presentation

The most common presenting symptom of acute cholecystitis is upper abdominal pain. In some patients, the pain may radiate to the right shoulder or scapula. Frequently, the pain begins in the epigastric region and then localizes to the right upper quadrant (RUQ). In addition to abdominal pain, patients may report nausea, vomiting, chills and fever

On examination

- Right upper quadrant abdominal tenderness
- Rebound tenderness
- Palpable gallbladder, positive Courvoisier's sign
- Murphy's test positive

Investigations

Laboratory testing in patients being evaluated for acute cholecystitis typically includes a complete blood count, liver enzymes, amylase, and lipase

Ultrasonography (US) of the right upper quadrant establishes the diagnosis of gallstones or abnormalities of the gallbladder wall. The US may also demonstrate common bile duct (CBD) dilatation, stones, or evidence of acute inflammation of the gallbladder

Magnetic Resonance Cholangiopancreatography (MRCP) and Abdominal Computed Tomography (CT Scan).

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Laparoscopic cholecystectomy

Risk factor

F's for cholecystectomy - female, fat, forty, and fertile

Indication for Surgery

- Symptomatic cholelithiasis with or without complications.
- prophylactic cholecystectomy for silent gallstones in the following patients:
 - a. Patients with chronic hemolytic anemia.
 - b. Native Americans.
- Calcified gall bladder
- Gall bladder polyp larger than 10 mm or showing a rapid increase in size.
- Gall bladder Trauma
- acalculous cholecystitis

Contraindications

Absolute contraindications for laparoscopic cholecystectomy include an inability to tolerate general anesthesia and uncontrolled coagulopathy .

Many conditions once felt to be contraindications for laparoscopic cholecystectomy (eg, gangrenous gallbladder, empyema of the gallbladder, cholecystoenteric fistulae, obesity, pregnancy, ventriculoperitoneal shunt, previous upper abdominal procedures, cirrhosis, and coagulopathy) are no longer considered contraindications but are acknowledged to require special care and preparation of the patient by the surgeon and careful weighing of risk against benefit.

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Coding :

ICD-10 codes :

Disorders of gallbladder, biliary tract and pancreas
K80-K87

- K81.0 : Acute cholecystitis
- K81.2 : Acute cholecystitis with chronic cholecystitis
- K81.9 : Cholecystitis, unspecified
- K80.47 : Calculus of bile duct with acute and chronic cholecystitis with obstruction
- K80.6 : Calculus of gallbladder and bile duct with cholecystitis

CPT Codes :

for Cholecystectomy – Removal of the Gall Bladder

- 47556 (Laparoscopy, surgical; cholecystectomy)
- 47562 (laparoscopic cholecystectomy without cholangiography)
- 47563 (laparoscopic cholecystectomy with cholangiography)
- 47564 (laparoscopic cholecystectomy with exploration of the common bile duct)
- 47600 (cholecystectomy without cholangiography)
- 47605 (cholecystectomy with cholangiography)
- 47610 (cholecystectomy with exploration of the common bile duct)
- 47612 (cholecystectomy with exploration of common bile duct; with choledochenterostomy)
- 47620 (cholecystectomy with exploration of common duct; with transduodenal sphincterotomy or sphincteroplasty, with or without cholangiography)