



## Current practices in biliary surgery: Do we practice what we teach?

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### Abstract

**Introduction** Since the widespread adoption of laparoscopic techniques in biliary surgery, the incidence of bile duct injuries (BDI) has not significantly declined despite increased operative experience and recognition of the critical view of safety (CVS) method for anatomic identification. We hypothesized that operative approaches in clinical practice may vary from well-described technical recommendations. The objective of this study was to assess how practicing surgeons commonly identify anatomy during laparoscopic cholecystectomy (LC).

**Methods** We performed a cohort study assessing practices in biliary surgery among current practicing surgeons. Surgeons belonging to the Midwest Surgical Association and the Society of American Gastrointestinal and Endoscopic Surgeons were surveyed. Items surveyed include preferred methods for cystic duct identification, recognition of the CVS, and use of intraoperative imaging.

**Results** In total, 374 of 849 surgeons responded. The CVS was not correctly identified by 75 % of surgeons descriptively and by 21 % of surgeons visually. 56 % of surgeons practiced the infundibular method for identification of the cystic duct; 27 % practiced the CVS method. Intraoperative cholangiography was used by 16 % and laparoscopic ultrasound by <1 %.

**Conclusion** A majority of surgeons preferably do not use the CVS method of identification during LC. A large percentage of practicing surgeons are unable to describe or visually identify the CVS. These results suggest an urgent need to reexamine the tenets of how LC is being taught and disseminated and present a clear target for improvement to reduce BDI.

**Keywords** Safety · Common bile duct · Injury · Critical view

Laparoscopic cholecystectomy has been shown in multiple studies to be superior to open cholecystectomy in the routine treatment of many forms of biliary disease [1–6]. This has led to the National Institute of Health announcing laparoscopic cholecystectomy as the gold-standard operation in 1993 [7]. Since the widespread acceptance of the laparoscopic technique in biliary surgery, the incidence of bile duct injuries (BDI) remains 0.4 %, compared to 0.2 % in open operation [8]. This, despite, improved instrumentation, refined techniques, and incorporation into surgical resident training. An estimated 3000 BDI occur annually in the USA alone as a consequence of cholecystectomy. Adherence to a strict set of principles for discerning ductal and vascular anatomy during laparoscopic cholecystectomy is paramount in avoiding injury due to misidentification. These principles were articulated by Strasberg et al. [9] in 1995 and are collectively known as the critical view of safety (CVS). The CVS is recognized by many biliary surgeons as best practice and is the method of identification used to trained surgical residents. There have been four published series comprising 4500 patients in which the CVS was explicitly used during LC with resulting low BDI rate (0–0.03 %) [10–13]. In addition, a Japanese review

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# Current Practice Of Biliary Surgery

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After the Second World War the number of biliary diseases has abruptly risen and lithiasis has become in many regions the most frequent surgical disease of the abdomen At present though there are perspectives of rational conservative treatment and though endoscopic techniques permit removing some of its complications even without laparotomy the basic treatment method still remains and probably shall remain for long the classical surgical intervention On the contrary the indications for such intervention are always widening as its risks become always smaller and the requirements for prevention higher Many books have been written on the surgery of biliary ducts but recent knowledge is growing so rapidly that it forces within short periods its new integration and critical assessment Attention is mostly paid to interventions on the biliary ducts with their wide scope of problems and to the prevention and treatment of postoperative disturbances New and more perfect diagnostic possibilities and some more suitable technical procedures as well require comparison and verification introduce new aspects on old problems and even change some established rules      **Current Surgical Diagnosis & Treatment** John Englebert Dunphy, Lawrence W. Way,1981      **Cumulated Index Medicus** ,1989      **National Library of Medicine Current Catalog** National Library of Medicine (U.S.),1971 First multi year cumulation covers six years 1965 70      Ascites and Renal Dysfunction in Liver Disease Pere Ginés,Vicente Arroyo,Juan Rodés,Robert W. Schrier,2005-08-26 There has been very little written on the interaction of the liver and kidney This book addresses the increasing incidence and significance of diseases such as ascites renal dysfunction cirrhosis and hypertension where both organs are involved This textbook is essential even for confirmed practitioners and contains current information regarding treatment and therapy for patients with cirrhosis and ascites clearly and effectively presented by the top international experts within this field The second edition is entirely revised and updated and places greater emphasis on therapy      **Operative Biliary Radiology** George Berci,Jefferson Andrew Hamlin,1981      *Textbook of Liver and Biliary Surgery* William C. Meyers (M.D.),Rayford Scott Jones,1990  
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