LETTERS TO THE EDITOR

To the Editor:

The article by Dr. Ashraf Bakr in the July-September issue of *JSLS* should be interpreted with caution [see Bakr A. A New Modified Layout for Laparoscopic Cholecystectomy. *JSLS.* 1997;3:281-283]. The author suggests that a three-port technique for a laparoscopic cholecystectomy is safe, economical, simple and there is one less scar. His conclusions have many pitfalls.

Using his technique the surgeon manipulates the dissecting xyphoid port with only one hand or with two hands. I don't believe that many surgeons in the United States who can use both hands for two instruments would be happy leaving one hand unused when it can be used for an instrument through a fourth port below the xyphoid to handle the gallbladder from the infundibulum with the left hand and dissect with the right. I may add that holding a xyphoid port instrument with the surgeon standing between the patient's legs can be a far reach in some heavy or big patients. Using two hands for a surgeon is a lot easier and safer. Avoiding a 5 mm scar for a fourth port is meaningless and inconsequential to the patient and can be of enormous help to successfully complete a laparoscopic procedure in a difficult gallbladder.

According to this new technique there is no need for a second assistant. I have been doing laparoscopic cholecystectomies for years and I only have one assistant standing on the right side of the patient, the surgeon stands on the left side of the patient, with the instrument nurse who also holds the camera. A second assistant is never needed.

Finally the bile duct injury that he had with partial avulsion of the cystic duct from the common bile duct managed by a T-tube insertion was indeed a very dangerous and serious mishap. Putting a T-tube in a normal common bile duct can be extremely difficult and can lead to a severe narrowing of the duct with strictures that are life lasting. It would be impossible to defend this case against a malpractice lawsuit. Our technique is using four ports, and although bile duct injuries can also occur with this method, it can be easily said that the injury occurred simply because three ports were used, the procedure was not done safely and the fourth port should have been used. I venture to say that not many surgeons would like to avoid a 5 mm scar and expose themselves to serious consequences in our country.

Whereas this article reflects a technique that might be acceptable in Egypt, I don't think that it will have any followers in American surgery. I have done laparoscopic cholecystectomies using three ports in a very occasional patient, but the four-port technique is standard, provides better access to any gallbladder, it is safer and we feel much better.

Fernando Ugarte, MD
Community Physicians Clinic, Inc.
1902 May
Marysville, KS 66508
Telephone: (785) 562-2517