

Sarawak General Hospital

ICG GUIDED LAPAROSCOPIC CBDE MINI WORKSHOP

1ST MARCH 2024

BY AZZYATI DAHLAN

Believing in small steps taken in the right direction can produce substantial result, HPB Surgery Unit, Sarawak General Hospital recently organized its first series of minimally invasive surgery workshop for the year 2024 – ICG Guided Laparoscopic CBDE Mini Workshop. The small and intimate workshop was held at the well-equipped Daycare Centre OT 5 on the 1st of March 2024.

The target participants were first- and second-year fellows and this was well represented from Northern to Southern Peninsular and not forgetting Borneo. With the full-fledged support from 2 industrial partners, we were able to fly in and accommodate Mr Balraj Singh as our invited facilitator.



**LAPAROSCOPIC
CBDE MINI
WORKSHOP**

ICG GUIDED

INVITED FACILITATOR
MR BALRAJ SINGH
HOSPITAL SELAYANG

27TH FEBRUARY 2024
7.00 PM VIA ZOOM

PRE-WORKSHOP DISCUSSION
LAPAROSCOPIC CBDE: OPERATIVE STEPS

1ST MARCH 2024
FRIDAY
DCC OT5, SARAWAK GENERAL HOSPITAL

8.45 AM-9.00 AM	OPENING REMARK	13.00 PM-3.00 PM	CASE 2
9.00 AM-12.00 PM	CASE 1	3.00 PM-5.00 PM	CASE 3
12.00 PM-13.00 PM	LUNCH/PRAYER	5.00 PM	CLOSING REMARK

WITH SUPPORT FROM

LMMI Surgical BEYOND SIGHT SDN BHD

hpbhus@gmail.com

To maximise the operating time on the actual day of the workshop, an advanced pre-workshop discussion was arranged via Zoom on the 27th February. The 45-minute session presented by Ms Dayang Azzyati Awang Dahlan under Mr Balraj's supervision covered the topic of patient selection for beginners, step by step operative techniques with video snippets, as well as an evidence-based meta-analysis on results and outcomes. For the remainder of the session, Mr Balraj answered several burning questions from the participants. Useful online resources links were then shared for self-directed learning prior to the actual event.



On the actual day, we were thrilled to be able to try our hands on SeeGen BriView series of disposable digital cholangioscope provided by one of our industrial partners. The participants took turns to appreciate the handling of the cholangioscope and we were satisfied with the high-quality images.



With the guidance of indocyanine green (ICG) dye, the participants performed supraduodenal anterior choledochotomy for both cases confidently. Stones were extracted and clearance was confirmed. The time-consuming component of the surgery turned out to be the intracorporeal suturing for repair of the anterior choledochotomy. An advanced skill with a significant learning curve combined with minimal prior exposure to laparoscopic CBDE translated to us reassuring the participants to take their time in making sure each bite is as precise as it can be. Indubitably, bile leak is more significant in laparoscopic approach. We are happy to report both cases did not suffer from this complication and was discharged well, albeit we had to cancel one case due to inadequate time.



Whereas laparoscopic cholecystectomy has long been established as the criterion standard, not one approach is superior to another in term of management for biliary duct stones. Multiple strategies are available to tackle biliary duct stones with each having its own values. Laparoscopic CBDE remains a practical back pocket skill for any HPB surgeons to acquire as part of their surgical repertoire.