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- News/Noteworthy
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- Batch Citation Matcher
- Clinical Queries
- LinkOut
- Pubmed

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1: J Laparoendosc Surg. 1994 Jun;4(3):165-72.

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## Comparison of mortality rates for open and closed cholecystectomy in the elderly: Connecticut statewide survey.

Feldman MG, Russell JC, Lynch JT, Mattie A.

St. Vincent Hospital, Bridgeport, Connecticut.

The objective was to determine the safety of laparoscopic cholecystectomy for patients 65 years of age and older with symptomatic uncomplicated chronic gallbladder disease by comparing the mortality rate with open cholecystectomy. Connecticut Hospital Information Management Exchange and the Connecticut Society of American Board of Surgeons established a Connecticut Laparoscopic Registry made up of 33 acute care hospitals. A cohort longitudinal retrospective statewide registry collected data mortality rates on all 2865 elderly patients undergoing open (OC) or closed (LC) cholecystectomy for uncomplicated chronic cholecystitis. A database was established and continuously monitored from October 1, 1988, to December 31, 1992. Seven hundred sixty-one patients over 65 years of age underwent open cholecystectomy for uncomplicated chronic cholecystectomy during fiscal year 1989, with a mortality rate of 1.4%. The mortality rate of a similar cohort of patients who underwent laparoscopic cholecystectomy during fiscal years 1991 and 1992 was 0.3% and 0.6%, respectively. The mortality rate was further broken down into age subsets 65-69, 70-79, and 80+. The prelaparoscopic era (FY 1989) age subsets were compared with those of the laparoscopic era (FY 1991 and 1992). A statistically significant reduction ( $p = 0.01$ ) in mortality rate was noted in the 70-79 age group following laparoscopic surgery. Laparoscopic cholecystectomy in the elderly for the treatment of symptomatic, uncomplicated chronic cholecystitis is as safe if not safer than open cholecystectomy as measured by mortality rate.

Publication Types:

- 1 Multicenter Study

PMID: 7919503 [PubMed - indexed for MEDLINE]

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