

# **[Controlling complications in laparoscopic cholecystectomy: diffuse parenchyma hemorrhage in the liver parenchyma]. [German]**

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## **Abstract:**

The inflammatory pericholecystic reaction to acute or subacute cholecystitis results in the involvement in the inflammatory process of connective tissue within the liver bed, with subsequent neovascularization. The inflamed wall of the gallbladder and the surrounding connective tissue also involved in the inflammatory process become fused together thus preventing dissection in this plane. As a result, the gallbladder affected by acute cholecystitis frequently has to be dissected directly out of the liver parenchyma. The resulting diffuse parenchymal bleeding proves difficult to control by cauterization. In addition, there is a danger of postoperative bile leakage occurring. Today, the use of fibrin sealing is accepted practice in the treatment of oozing haemorrhage from the resection surface of the liver following resective surgery, and for the prevention of postoperative biliary fistulae. Using special application systems, the two-component fibrin sealing can now also be employed under video-endoscopic control. Through direct application of the adhesive to the parenchyma in the liver bed using a flexible catheter, diffuse oozing bleeds can be effectively arrested. In addition, coagulation-related parenchymal necroses associated with the development of biliary fistulae can be avoided. The technique of video-endoscopic controlled fibrin sealing is an important method of preventing and controlling complications arising during video-endoscopic surgery.