

# Laparoscopic repair of perforated peptic ulcer.

Authors: Lau W.Y., Leung K.L., Zhu X.L., Lam Y.H., Chung S.C.S., Li A.K.C.

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## **Abstract:**

A total of 100 consecutive patients with perforated duodenal or juxtapyloric ulcers were treated by: laparotomy and omental patch repair (group 1, n = 44); laparoscopic suture patch repair (group 2, n = 35); and laparoscopic fibrin glue repair (group 3, n = 21). The three groups were comparable in Acute Physiology And Chronic Health Evaluation II score and in other known operative risk factors such as shock on admission, delayed presentation and associated underlying medical illness. Operative mortality and morbidity data were identical in all groups. The mean operating time was 52.1, 101.3 and 61.1 min respectively in the three groups (group 1 versus group 2, group 2 versus group 3, and group 1 versus groups 2 and 3 combined,  $P < 0.001$ ). The median number of doses of analgesia required after operation was 4, 3 and 1 respectively (group 1 versus groups 2 and 3,  $P < 0.05$ ). Conversion to laparotomy was necessary in six patients in group 2 and in one in group 3 ( $P$  not significant). The median hospital stay was 5 days in all three groups. Patients who underwent laparoscopic repair of perforated peptic ulcer required fewer postoperative doses of analgesia than those who had open repair. Laparoscopic glue repair has the additional advantage over laparoscopic suture of being technically simpler; it also takes less time to perform.