

BP OP 1-5**Fluorescence cholecysto-cholangiography through direct injection with indocyanine green during laparoscopic cholecystectomy**

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Introduction : Bile duct injuries can cause fatal outcomes. To reduce bile duct injury, We performed Fluorescence cholecysto-cholangiography through direct ICG injection into the gallbladder during laparoscopic cholecystectomy

Methods : September 2015 to February 2016, a total of 90 patients who needed laparoscopic cholecystectomy at the two affiliated hospitals were enrolled in current study. Identification rates of the cystic duct, common hepatic duct, common bile duct, and cystic duct-common hepatic duct junction were analyzed according to different criteria (diagnosis, body mass index, two type of medical instrument).

Results : Overall identification rate of biliary anatomy was 93.3% for cystic duct (CD), 73.3% for common hepatic duct (CHD), 77.8% for common bile duct (CBD) and 90% for CD-CHD junction. There was no significant difference between the two groups in comparison of body mass index, diagnosis, and medical instrument.

Conclusions : Fluorescence cholecysto-cholangiography through direct ICG injection into the gallbladder is safe and feasible procedure

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