

P066**Early experience of robotic extended cholecystectomy in gallbladder cancer**

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Introduction : The simple cholecystectomy is sufficient for early gallbladder cancer (GBC). However, advanced GBC of T2 or more requires more complex procedures such as liver resection, and delicate lymph node dissection, minimally invasive surgery (MIS) has not been popularized. The aim of this study is to know about the feasibility and early outcomes of REC.

Methods : Seven patients who underwent REC in Seoul National University Hospital (SNUH) from Feb to Nov 2018 were reviewed. They were radiologically suspected as T2 or more advanced GBC. For the comparison with conventional method, 21 patients who underwent open extended cholecystectomy were selected by 1:3 propensity score matching (PSM) according to sex, age, BMI, and T stage.

Results : Compared with open method, the operation time (robot 208.6 mins vs. open 200.0 mins, $p=.668$), the estimated blood loss (robot 335.7 ml vs. open 268.8 ml, $p=.570$), the frequency of the postoperative complication (robot 28.6% vs. open 33.3%, $p=.602$), the duration of hospital stay (robot 7 days vs. open 8 days, $p=.074$), the numbers of retrieved lymph nodes (robot 6.7 vs. open 7.5, $p=.639$) did not show statistically differences. The mean visual analog scales (VASs) at the postoperative day 2 showed a significantly better in robot surgery(robot 3.71 vs. open 4.81, $p=.048$).

Conclusions : The early outcomes of REC was favorable in regard to early recovery, less pain with similar early outcome. In the application of the advantage of robot, REC is certainly one of the promising options. But the large-scale study with long-term results must be explored in a future.

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