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2173-5077/

Efficacy of Fibrin-collagen Sealant for Reducing the Incidence of Biliary Fistulae After Laparoscopic Exploration of the Bile Duct☆,☆☆

Eficacia del sellante de fibrina-colágeno para reducir la incidencia de fístulas biliares tras la exploración laparoscópica de la vía biliar

Dear Editor,

We appreciate the comments about our study by Dr. Martínez-Isla et al.[1] We share his interest in the transcystic approach, which has indeed demonstrated a reduction in the incidence of biliary fistulae.[2] Our transcystic exploration cases are not included in the article we published, since our objective was to try to establish the reduction in biliary leaks after choledochorraphy using sealants. However, we feel that transcystic exploration is more complex, often technically impossible, and does not guarantee complete exploration of the bile duct. There is a 10%–25% variation in the implantation of the cystic duct, running parallel to the bile duct or inserting into the left side of the common bile duct.[3,4] This makes access difficult, so that complete dissection of the cystic duct can lead to injury to common bile duct vascularization. As a result, the risk/benefit balance does not clearly lean toward the transcystic approach.

Under these conditions, exploration of the bile duct proximal to the cystic implantation is not always possible, so the removal of stones in this area can be hindered. Furthermore, in our setting there is a significant amount of choledocholithiases that are much larger than the cystic duct, preventing extraction by this route. Fragmentation is difficult, as most hospitals do not have lasers. In addition, we do not share the indication of its use, as it increases the number of extraction maneuvers necessary and the risk of residual lithiasis. The size of the cystic duct or calculi and the number of stones and their location have been shown to be predictors of failed transcystic exploration.[5] On occasion, we have used pneumatic dilatation of the cystic duct to facilitate the insertion of the choledochoscope and extraction of the calculus, but this maneuver can cause cystic ischemia, delayed necrosis and the appearance of biliary peritonitis. Lastly, excessive manipulation of 3-mm fiber optic choledo-

☆ Please cite this article as: Parra-Membrives P, Martínez-Baena D, Lorente-Herce JM, Martín-Balbuena R. Eficacia del sellante de fibrina-colágeno para reducir la incidencia de fístulas biliares tras la exploración laparoscópica de la vía biliar. Cir Esp. 2019;97:120–121.
☆☆ See related content at doi:https://doi.org/10.1016/j.cireng.2018.10.020

choscopes, given the weakness of their protective covering, often results in the loss of this seal, which requires more frequent repairs and must be added to the costs of the surgery.

We have not had any cases of pancreatitis due to transpapillary stents, as the authors of the comments to our study have mentioned. We believe that the fistula rate may be related to the fact that we strictly apply the ISGLS classification, which was not really created for this purpose,[6] although it is all we have available to date.

In short, we share the enthusiasm for the transcystic pathway that we use, like most groups,[7] when it comes to extracting solitary stones measuring less than one centimeter in patients with normally inserted cystic ducts. Nonetheless, we believe that, at least in our setting, use of the transcholedochal approach continues to be more frequent and completely necessary.

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2173-5077/

Evaluation and Treatment of Anemia Prior to Surgery: A Challenge to Improve☆

Evaluación y tratamiento de la anemia de forma previa a la cirugía: un reto por mejorar

We have carefully read the recent article by Dr. Bruna et al. about the results of a national survey on perioperative care in gastric resection surgery. In their study, no reference is made to the management of perioperative anemia.[1] However, 2 other recent articles published by Cirugía Española about the application of multimodal rehabilitation in gastric and esophageal resection surgery[2,3] (with the collaboration of the same author and some of the collaborators) do recommend the evaluation and treatment of preoperative anemia. However, it is surprising that different levels of recommendation based on evidence are given, even more so when both articles refer to the National Clinical Pathway for Enhanced Recovery in Abdominal Surgery (RICA), endorsed by Guía Salud.[4]

RICA was published in 2015 by the Spanish Ministry of Health and includes among its 50 recommendations at least 6 regarding the preoperative management of anemia. Two merit mentioning here: Point 7: ''The detection of preoperative anemia is recommended as it is associated with increased perioperative mortality.'' (Strong recommendation+High level of evidence); and Point 8: ''Hemoglobin (Hb) determination is

☆ Please cite this article as: Jericó Alba C, Ripollés-Melchor J, Ramírez-Rodríguez JM, García-Erce JA. Evaluación y tratamiento de la anemia de forma previa a la cirugía: un reto por mejorar. Cir Esp. 2019;97:121–122.