

Objective: To determine the rate of conversion of laparoscopic cholecystectomy (LC) to open cholecystectomy (OC), to analyze the frequency and the reasons of conversion, and to study the possible risk factors for conversion.

Methods: A prospective study of patients submitted to LC was done from September 2005 to April 2011. There were 440 patients in the series. The inclusion criteria were: all patients with symptomatic cholelithiasis, who were subjected to LC, data recorded include number and sex of the patients, those who were converted to OC were analyzed according to their percentage from the total patients with determination of sex distribution among them. Reasons of the conversion were recorded and the percentage of each reason was determined. These data were analyzed and evaluated under the light of other similar studies in the field.

Results The recorded 440 patients submitted to LC included 360 females and 80 males. A total number of patients converted OC was 26 patients (5.9%), of them there were 16 males (61.5%), 10 females (38.5%). Those who were converted comprised 13 patients (50%) due to failure to identify a clear anatomy, 5 patients (19.2%) due to thick wall gall bladder (GB) filled with stones, 4 patients (15.3%) due to bleeding, 3 patients (11.5%) due to suspicion of biliary injury, 1 patient (3.8%) due to Mirizzi's syndrome. The conversion rate was higher in male patients (16 males vs. 10 female). Conversion rate among male patients was (20%) compared to (2.77%) in female.

Conclusion: The overall frequency of conversion of LC to OC was 5.9%, the risk was more in male patients this finding needs to be more evaluated. Failure to identify clear anatomy was the commonest cause of conversion. In bleeding episodes from the GB bed, compression of the site of the bleeding by the GB for 5 minutes can avoid conversion in troublesome GB bed bleeding.