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Title **Efficacy of Laparoscopy in Hepatobiliary Pathology**

Agency **AETSA, Andalusian Agency for Health Technology Assessment**
Av. Innovación s/n. Edificio Renta Sevilla, 2ª planta, 41020 Seville, Spain;
Tel: +34 955 407 233, Fax: +34 955 407 238;
leda.ojeda.ext@juntadeandalucia.es, www.juntadeandalucia.es/salud/aetsa

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Aim

To elaborate a critical synthesis of the evidence available on the efficacy of laparoscopic surgery in treating hepatobiliary diseases (including liver resection caused by several indications).

Conclusions

The main nosological entities studied are: cholecystolithiasis, choledocholithiasis, and liver cystic and tumor lesions. Different technical variants are assessed concurrently for every entity.

The report addresses the following questions:

1. What is the efficacy of laparoscopic cholecystectomy?
2. What is the efficacy of laparoscopic treatment of lithiasis of the main bile duct?
3. What is the efficacy of laparoscopic treatment of cystic dilatation of bile duct?
4. What is the efficacy of laparoscopic treatment of liver cysts?
5. What is the efficacy of laparoscopic treatment of liver tumors?
6. What is the efficacy of liver resection through laparoscopic tract?

Evidence on the efficacy of laparoscopic surgery in hepatobiliary pathology, with the exception of laparoscopic cholecystectomy, is scarce and of low methodological quality. This obstructs forming any kind of recommendation except for the need to conduct good quality head-to-head studies to clarify the present uncertainty.

Methods

Cochrane Library Plus 2006, number 1, MEDLINE, and EMBASE, TRIP Database, International Agencies for Health Technology Assessment, Agency for Health Technology Assessment of Instituto de Salud Carlos III, OSTEBA and AATRM. Cohort, case control, transversal studies, and case series that had been published between 1988 and 2006. English or Spanish.

We described systematic reviews, clinical practice guidelines, and clinical trials following the standardized criteria of data extraction and internal validity assessment as proposed by the *Scottish Intercollegiate Guidelines Network*. Where it was necessary to assess cohort and design studies of a lesser level of evidence, the information was summarized using the procedure mentioned above for the other designs, assessing their methodological quality in a similar fashion.

Once the evidence had been analyzed, a summary of the articles was drafted to update every topic section. We classified every type of study and assessed the evidence. To establish the degree of evidence in every type of study, we used a proposal from the Centre for Evidence-based Medicine at Oxford.

We classified the overall quality of the evidence for each intervention as high, moderate, or low. In assessing the overall quality of every endpoint we took into account: the design of the studies, internal validity, assessment of whether the evidence is direct or indirect, the consistency and accuracy of results, and other factors such as possible publication bias.

Written by Carlos Manterola Delgado, Pablo Alonso Coello, Montserrat Tort Donada, Flora Martínez Pecino, AETSA, Spain

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