Introduction: To study the causes of complications of emergency and urgent laparoscopic cholecystectomy.

Method: The results of 2349 videolaparoscopic interventions in the bile ducts, operated on the basis of the Surgical Diseases Department №1 for the period 2013-2017, were analyzed. Of these, 1169 (49.8%) were made for acute calculous cholecystitis in an emergency and urgent manner. Men were 654 (27.8%), women - 1695 (72.2%). Clinical laboratory and instrumental methods of investigation, including ultrasound, CT, MRI and ERCP were used to diagnose postoperative complications. 215 (41.4%) patients had acute phlegmonous process, 82 (15.8%) had acute gangrenous cholecystitis, the remaining 222 (42.8%) patients had a cute catarrhal cholecystitis.

Result: After the diagnostic stage of laparoscopy, crossover to conversion was performed in 23 (4.4%) patients. Intraoperative and / or postoperative complications were detected in 32 (6.1%) patients subjected to laparoscopic cholecystectomy. Intraoperative complications were noted in 11 (2.1%) patients, of which seven patients were injured in extrahepatic bile ducts.

Postoperative complications occurred in 28 (5.4%) patients. In three (0.6%) observations in which duct damage was detected during laparoscopic cholecystectomy, a conversion was performed with an end-to-end biliobiliar anastomosis with external drainage through the anastomosis of the hepatic duct.

In four patients with electro thermal damage to hepatic bile duct, biliodigestive anastomoses were applied according to the Roux method on concealed drainage. Relaparotomy in the early postoperative period was performed in two (0.4%) patients. In the remaining patients with the clip, slipping out of the cystic duct (n=2) and bleeding from the bed of the gallbladder (n=3) complications were eliminated with relaparoscopy.

Reduction of the vital volume of the lungs was mainly characterized by an increase in the size of the EC, which prevented free chest excursion. In patients with SLE on the background of significant violations of the hepatic blood flow, changes in FER were observed. And with the increase in the volume of EC, these disorders progressed, and in a part of patients accompanied by the development of pulmonary hypertension.

Conclusion: Thus, laparoscopic cholecystectomy performed on an acute process is clinically more complicated than in a chronic process. This is due to the severity of the inflammatory-infiltrative process in the zone of the gallbladder and hepatic duodenal ligament.