

Cholecystectomy is the treatment of choice for symptomatic cholecystolithiasis, because it removes the gallbladder which is the birthplace of biliary stones and also participates in the development of complications from gallstones result. The development of new surgical techniques - laparoscopic cholecystectomy sake of randomness has been rapid technological development of modern medicine, improvement primarily optical and instrumentation.

Carl Langenbuch performed the first cholecystectomy in Berlin, Germany, 1882. 100 years later, in 1985, Erich Mühe performed the first laparoscopic cholecystectomy in Germany. By 1992 it was already 90% cholecystectomies in the United States carried out laparoscopically. (1) Compared with open cholecystectomy, laparoscopic approach dramatically decreased the time hospitalization, postoperative pain and the time required for recovery. However, the rapid adoption of laparoscopic cholecystectomy as the gold standard treatment of symptomatic gallstones were associated with the incidence of perioperative complications. It was especially the increase in incidence of extrahepatic biliary tract injury. This injury and now represents the most serious complication of laparoscopic cholecystectomy. (9, 10)

At the beginning of the 90s there was a huge advances in both the development of new instrumentation and equipment, and increase global experience with laparoscopic cholecystectomy. Outstanding contribution is miniaturization, improved optical and laparoscopic instruments, which decreased morbidity cholecystectomy just umožněním to execute with minimal trauma patient. With careful selection Prepare patients and laparoscopic cholecystectomy has become a safe založených by many outpatient centers and clinics. (8)

The primary goal of cholecystectomy is the removal žlučníku without injury biliary tract and surrounding tissues. Chirurgovým main purpose is to maximize patient safety at elective ( uncomplicated ) and complicated

cholecystectomy . (1)