
Background
Single Incision Laparoscopic Cholecystectomy (SILC) was first reported in 1995. SILC appears feasible, but standardisation, safety and the real benefits for patients need further assessment. Uncontrolled wide adoption of this approach may be responsible for a rise in biliary complication.

Methods
Systematic reviews of the current literature were performed from January 2010 to December 2013 by using the Wiley Online Library, PubMed Central PMC, CINHAL, Cochrane Library, Biomed Central, Medline, and Science Direct.

Results
Four papers have been identified in this current Systematic Review. Cosmetic scores were higher for SILC compared with 4 ports laparoscopic Cholecystectomy (4PLC)\(^3\). Satisfaction scores were similar in both groups. Though SILC has a higher procedure failure rate with more blood loss and takes longer than CLC\(^4\).

Conclusions
The review showed that SILC is limited to a small number of patients. The potential advantage of SILC is cosmoses. However, the safety of SILC needs further assessment. Moreover, the operating costs were higher for SILC with an additional cost of $400 per procedure.

Dr. Mahmood M Hardan, Dr. Susan Plummer, Prof. Henk Wegstapel,
Faculty of Health and Wellbeing
Canterbury Christ Church University

References