**Original Research Article**

**Correlation of shoulder tip pain in case of low pressure and standard pressure pneumoperitoneum post laparoscopic cholecystectomy**

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**ABSTRACT**

**Background:** Laparoscopic cholecystectomy is gold standard treatment for cholelithiasis nowadays. Post-operative shoulder tip pain is common complain after laparoscopic cholecystectomy. The cause of this shoulder tip pain is multifactorial e.g. peritoneal stretching and diaphragmatic irritation. The main cause of this shoulder tip pain is pneumoperitoneum caused by carbon dioxide. Correlation of shoulder tip pain in case of low pressure (7-8 mmHg) and standard pressure (12-14 mmHg) pneumoperitoneum post laparoscopic cholecystectomy.

**Methods:** A prospective randomized study was done in 100 patients of cholelithiasis in SMS Hospital Jaipur, Rajasthan. The patients were divided into two groups - Group A patients undergoing laparoscopic cholecystectomy at low pressure (7-8 mmHg) and Group B patients undergoing laparoscopic cholecystectomy at standard pressure (12-14 mmHg). The intensity of shoulder tip pain were measured by visual analogue score at 1, 6, 12, 24 and 48 hours. In both of the group results were compared in terms of frequency of pain, intensity of pain and requirement of post-operative analgesics. Duration of hospital stay was also compared.

**Results:** Post-operative shoulder tip was found to be less in low pressure group (group A) as compare to standard pressure group (group B). Total requirement of post-operative analgesic dose and hospital stay was also found to be less in low pressure group as compared to standard pressure group. This was statistically significant (p value <0.05).

**Conclusions:** There is less intensity, frequency of shoulder tip pain, less post-operative analgesics requirement and less post-operative hospital stay after laparoscopic cholecystectomy done under low pressure pneumoperitoneum (7-8 mmHg).

**Keywords:** Laparoscopic cholecystectomy, Low pressure, Post-operative shoulder pain, Standard pressure

**INTRODUCTION**

Laparoscopic cholecystectomy is gold standard technique for cholelithiasis nowadays. After laparoscopic cholecystectomy many patients complain of significant shoulder tip pain which prolongs the hospital stay of the patient. Intra-abdominal pressure created by pneumoperitoneum is thought to be one reason for post-operative shoulder tip pain. Peritoneal stretching and diaphragmatic irritation by high pressure pneumoperitoneum or by carbon dioxide absorption from the peritoneal cavity are responsible for post-operative shoulder tip pain. Other reason proposed for shoulder tip pain is sympathetic nervous system stimulation by hypercarbia. For post-operative pain analgesics like diclofenac sodium, fentanyl, morphine and ibuprofen have been used but none of them showed complete analgesia. Complete pain relief after laparoscopic cholecystectomy needs multimodal analgesia. Various authors have concluded that there is less post-operative shoulder tip pain when laparoscopic cholecystectomy done under low pressure pneumoperitoneum (7-8 mmHg).
**Aim and objectives**

Correlation of shoulder tip pain in case of low pressure (7-8 mmHg) and standard pressure (12-14 mmHg) pneumoperitoneum post laparoscopic cholecystectomy. To choose the ideal working pressure for laparoscopic cholecystectomy to reduce the significant post-operative shoulder tip pain.

**METHODS**

A prospective randomized study was done in the department of general surgery at SMS Medical College and Hospital, Jaipur, Rajasthan, India, after taking approval from hospital ethical committee. 100 patients of age group 18-60 years underwent elective laparoscopic cholecystectomy for uncomplicated gallstone disease. Patients were divided into two groups of 50 each. Group A patients underwent laparoscopic cholecystectomy with low pressure pneumoperitoneum (7-8 mmHg) while group B underwent laparoscopic cholecystectomy with standard pressure pneumoperitoneum (12-14 mmHg). A written informed consent was taken from all the patients. All the patients were educated about the visual analogue scale (VAS) at the time of pre-anaesthetic check-up.

Post-operative pain was recorded at 1 hour, 6 hours, 12 hours, 24 hours and 48 hours. Post-operative pain was assessed using visual analogue scale (VAS) of pain. Patients marked the intensity of pain with a vertical line on a 10 cm scale with the left end described ‘no pain’ and right end described as worst pain. Patients complaining of pain were treated by rescue analgesic in the form of intravenous doses of injection tramadol 100 mg. Rescue analgesic was repeated on request by patient with minimum interval of 20 minutes. The dosage of injection tramadol and time of administration were recorded by staff nurse.

**Study period**

The study was conducted from March 2019 to December 2020.

**Sample size and sample technique**

Sample size was calculated at 80% study power and α-error 0.05 assuming proportion of patient having shoulder tip pain undergoing low pressure pneumoperitoneum and standard pressure pneumoperitoneum laparoscopic cholecystectomy for cholelithiasis is 8% and 32% respectively. The minimum sample size required was 44 patient undergoing laparoscopic cholecystectomy for cholelithiasis in each group which is further enhanced and rounded off 50 such patients in each group.

**Visual analogue scale**

Laparoscopic cholecystectomy was done in all 100 cases. Standard statistical methods were used for analysing the outcome of study p value<0.05 showed statistically significant value.

**Inclusion criteria**

Age 18 to 60 years, cases giving written informed consent.

**Exclusion criteria**

Pregnancy, patient having pre-existing shoulder pain, acute cholecystitis.

**RESULTS**

The study was done at SMS medical college and hospital Jaipur, Rajasthan. The study was conducted on 100 patient underwent laparoscopic cholecystectomy. 50 patients (group A) underwent laparoscopic cholecystectomy at low pressure pneumoperitoneum (7-8 mmHg) and 50 patients (group B) underwent laparoscopic cholecystectomy at standard pressure pneumoperitoneum (12-14 mmHg).

<table>
<thead>
<tr>
<th>Group</th>
<th>Postoperative shoulder tip pain</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Low pressure count</td>
<td>43</td>
<td>7</td>
</tr>
<tr>
<td>% within group</td>
<td>86</td>
<td>14</td>
</tr>
<tr>
<td>Standard pressure count</td>
<td>31</td>
<td>19</td>
</tr>
<tr>
<td>% within group</td>
<td>62</td>
<td>38</td>
</tr>
<tr>
<td>Total count</td>
<td>74</td>
<td>26</td>
</tr>
<tr>
<td>% within group</td>
<td>74</td>
<td>26</td>
</tr>
</tbody>
</table>

**Table 1: Postoperative shoulder tip pain in low and standard pressure groups.**

<table>
<thead>
<tr>
<th>Group</th>
<th>Mean visual analogue score of postoperative shoulder tip pain</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 hr</td>
</tr>
<tr>
<td>Low pressure</td>
<td>0.00</td>
</tr>
<tr>
<td>Std. pressure</td>
<td>0.10</td>
</tr>
<tr>
<td>p value</td>
<td>0.159</td>
</tr>
</tbody>
</table>

**Table 2: Postoperative shoulder tip pain score of low and standard pressure groups.**

<table>
<thead>
<tr>
<th>Group</th>
<th>Analgesic required</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Low pressure count</td>
<td>23</td>
<td>27</td>
</tr>
<tr>
<td>% within group</td>
<td>46</td>
<td>54</td>
</tr>
<tr>
<td>Standard pressure count</td>
<td>14</td>
<td>36</td>
</tr>
<tr>
<td>% within group</td>
<td>28</td>
<td>72</td>
</tr>
<tr>
<td>Total count</td>
<td>37</td>
<td>63</td>
</tr>
<tr>
<td>% within group</td>
<td>37</td>
<td>63</td>
</tr>
</tbody>
</table>

**Table 3: Analgesic requirements of low and standard pressure groups.**
The study was approved by the Institutional Ethics Committee.

Both of group compared for post-operative shoulder tip pain and analgesics requirement and post-operative hospital stay (Table 1-5).

Post-operative shoulder tip pain was significantly less in low pressure group (group A).

Visual analogue score was significantly less in low pressure group (group A).

Post-operative analgesics requirement was significantly less in low pressure group (group A).

Post-operative hospital was significantly less in low pressure group (group A).

DISCUSSION

Laparoscopic cholecystectomy has major benefits like less post-operative pain, less morbidity related to upper abdominal incision and earlier post-operative recovery but significant patients have post-operative shoulder tip pain after laparoscopic cholecystectomy. Peritoneal stretching and diaphragmatic irritation by high pressure pneumoperitoneum or by carbon dioxide absorption from the peritoneal cavity are responsible for post-operative shoulder tip pain.5

In our study post-operative shoulder tip pain frequency and intensity was found significantly less in group A that underwent laparoscopic cholecystectomy at low pressure pneumoperitoneum (7-8 mmHg).

Only 7 patients (14%) in group A and 19 patients (38%) in group B suffered from shoulder tip pain which is statistically significant with p<0.05. the intensity of shoulder tip pain was significantly lower in group A at 1, 6, 12, and 24 hours than group B (recorded on VAS). Post-operative analgesics requirement and hospital stay was also significantly lower in group A than group B.

Our finding are similar to the study carried out by Barczynski et al, Sarli et al and Sandhu et al.5,8,9

There is a limitation of the study. All surgeries performed by different surgeon with different years of experience, so outcomes may differ.

REFERENCES


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