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CLINICAL AND ECONOMIC EFFICACY OF SIMULTANEOUS LAPAROSCOPIC SURGERY FOR COMBINED GALLBLADDER AND PELVIC PATHOLOGY IN WOMEN

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Relevance

Gallstone disease in women is frequently combined with gynecological pathology, and treating these conditions in separate stages entails repeated hospitalization, additional anesthesia and higher costs. Performing simultaneous laparoscopic cholecystectomy and pelvic surgery may reduce surgical trauma and resource use, but its clinical and economic advantages over staged interventions require objective evaluation.

Material and methods

Immediate and long-term outcomes were compared between simultaneous laparoscopic surgery and staged interventions in 115 women with combined gallbladder and pelvic pathology treated between 2017 and 2024. The complication rate, intraoperative blood loss, hospital stay, duration of disability and total treatment cost were assessed.

Results and discussion

The complication rate after simultaneous surgery was comparable to that after staged interventions (5.9% vs 7.8%), while intraoperative blood loss was 1.7 times lower (92.4 ± 31.5 vs 165.3 ± 52.7 mL; $p < 0.001$). The single-anesthesia simultaneous approach reduced the hospital stay from 6.9 ± 2.1 to 3.8 ± 1.2 days and shortened the period of disability by 5.8 ± 2.3 days. Overall treatment costs decreased by 32.7%,



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providing an economic saving of about 4.5–6.0 million soums per patient compared with two separate operations.

Conclusion

Simultaneous laparoscopic surgery for combined gallbladder and pelvic pathology in women is as safe as staged interventions but significantly reduces blood loss, hospital stay, disability and total treatment costs. It can be recommended as the preferred approach in appropriately selected patients with compensated comorbidity.