

INPLASY PROTOCOL

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None declared.

INTRODUCTION

Review question / Objective: Patients: patients with asymptomatic cholelithiasis; Interventions: gastrectomy; Comparison: patients with intact gallbladder; Outcomes:

symptomatic gallstones; Study: meta-analysis.

Condition being studied: Necessity and safety of simultaneous cholecystectomy in patients undergoing gastrectomy with asymptomatic cholelithiasis.

Is Simultaneous Cholecystectomy Necessary in Patients with Asymptomatic Cholelithiasis who Need Gastrectomy: A Systematic Review and Meta-analysis

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Information sources: PubMed, Embase and the Cochrane Library were searched without language restrictions for relevant articles published from database inception until March 10, 2022.

INPLASY registration number: This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 09 July 2022 and was last updated on 09 July 2022 (registration number INPLASY202270048).

METHODS

Participant or population: Inclusion: Patient who underwent gastrectomy with intact gallbladder or asymptomatic cholelithiasis; patient who underwent gastrectomy with or without cholecystectomy; complete incidence data is provided. Exclusion: Repeat report; incomplete data and unclear ending effects.

Intervention: Asymptomatic cholelithiasis; gastrectomy with simultaneous cholecystectomy.

Comparator: Intact cholelithiasis; gastrectomy.

Study designs to be included: cohort study and RCT.

Eligibility criteria: Patient who underwent gastrectomy with intact gallbladder or asymptomatic cholelithiasis; patient who underwent gastrectomy with or without cholecystectomy; complete incidence data is provided.

Information sources: PubMed, Embase and the Cochrane Library were searched without language restrictions for relevant articles published from database inception until March 10, 2022.

Main outcome(s): Relative risk of symptomatic cholelithiasis, relative risk of postoperative complications.

Quality assessment / Risk of bias analysis: Cochrane Collaboration Tool, the Newcastle-Ottawa Assessment Scale (NOS), funnel plot of meta-analysis.

Strategy of data synthesis: Fixed effects model and random effects model will be used. I^2 will be used to assess heterogeneity. Review Manager (version 5.4) will be used.

Subgroup analysis: None.

Sensitivity analysis: None.

Country(ies) involved: China.

Keywords: simultaneous cholecystectomy, gastric surgery, asymptomatic cholelithiasis.

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