

Gallbladder Disease and Treatment

You have been diagnosed as having gallbladder disease. It is important for you to understand what your gallbladder does, why it is bothering you and how it should be treated.

The gallbladder is a pear-shaped, hollow structure, that holds approximately 3 ounces of bile. It is attached to the undersurface of your liver and is located just beneath your ribs in the right upper portion of your abdomen. The gallbladder is attached to the main bile duct, which drains bile from the liver to the intestinal tract, where it then helps to digest food, particularly fatty food. The function of the gallbladder is to store the bile in between meals and then to squeeze into the intestinal tract through the main bile duct to mix with your food when you need it. As bile sits in your gallbladder it becomes thick, so thick that it forms solid material, particularly if there is a chemical imbalance in the bile. This imbalance is usually due to too much cholesterol and can be an inherited condition. This does not mean that you have a high blood cholesterol, but rather that there is just too much cholesterol in the bile. In most people the stones sit there silently and cause minimal, if any, problems. It is estimated that 20 to 30 million Americans have gallstones.

Gallstones cause symptoms by irritating the wall of the gallbladder and making it function poorly. The stones may block the gallbladder so that, when it empties, bile is trapped causing pressure effects which you may perceive as pain, nausea, bloating or indigestion. Gallbladder pain can occur anywhere in the upper abdomen, lower chest, or in the back, particularly at the bottom of the shoulder blade. When the gallbladder is blocked by a stone, it can become infected with bacteria, much as in appendicitis, and can even rupture causing fever and very severe symptoms. Smaller stones can actually leave the gallbladder and travel down the main bile duct passing into the intestinal tract much like a kidney stone, again causing excruciating pain. Should one of the stones become lodged in the main bile duct all flow of bile is blocked. The bile then backs up into the bloodstream causing yellow jaundice. This condition can also lead to very severe liver infection. Digestive enzymes from the pancreas also enter the intestinal tract with bile. A gallstone can block the pancreas causing backup of pancreatic juices and a condition known as pancreatitis. This is potentially a life-threatening condition in which the pancreas actually starts to digest itself. Fortunately, only a small percentage of patients with gallstones, less than 10 percent, go on to develop either jaundice or pancreatitis. However, once a person starts experiencing gallbladder symptoms, they rarely improve and usually worsen overtime. Persons with symptoms have a much higher risk of experiencing one of the more severe complications of gallstones. For this reason, when patients began having symptoms from their gallstones, we recommend that treatment be initiated.

You may have heard of a medicine that will dissolve gallstones. Several, in fact, do exist. Unfortunately their success rate is usually less than 50 percent, and once the medicine is stopped the stones usually reoccur. We recommend this medicine for extremely high-risk patients who cannot tolerate surgery. The traditional means of treating gallbladder disease has been by removing the gallbladder. This procedure is called cholecystectomy (ko'-lee-sis-tek'-tow-me). For decades the most common way to remove the gallbladder was to make a four or five inch incision under the ribs on the right and directly detach the gallbladder from its connection with the main bile duct and the undersurface of the liver. This procedure was performed for over 100 years, is extremely safe, and highly effective in eliminating gallbladder symptoms and the risk of complications. The usual hospital stay is three to five days, and most patients require two to four weeks before they can return to work with four to six weeks before resuming full activity. The main reason for the recovery time is the incision in the abdominal wall that cuts major muscles and takes time to heal. The postoperative pain is moderately severe, but is controlled with injections and pills and is usually no problem after 7 to 10 days.

In early '90s a newer procedure called laparoscopic cholecystectomy utilizing newer techniques to remove the gallbladder without making a large incision was introduced. With this procedure a small incision is made in the navel to insert a one-half inch telescope through which we can view all the internal organs. We attach a small video camera to this telescope so that the entire

procedure can be observed on TV monitors next to the operating table. Three one-quarter inch to one-half inch incisions are then made under the ribs on the right to insert various instruments which enable us to detach the gallbladder from the main bile duct and the liver. During the procedure oftentimes a small tube may be inserted into the main bile duct through which x-ray dye is injected to determine if any stones have become lodged in the main bile duct. If a stone is found in the main bile duct it is sometimes necessary to make a traditional incision in order to remove the stone. There are, however, other techniques available to remove main bile duct stones without additional surgery using an endoscope inserted through the mouth. Once the gallbladder has been freed, the bile is drained from the gallbladder and stones are removed. Occasionally it is necessary to perform the traditional operation after we have begun the laparoscopic procedure. This would be necessary if scar tissue from previous surgery blocked our vision or excessive bleeding, unusual anatomy, or severe infection were encountered. Other reasons might include injury to the bowels or the main bile duct which might require repair. Fortunately this is rare. By far the most common reason for converting to an open procedure is if I feel that it is just not safe to continue using the laparoscopic technique. The likelihood of conversion is about 1 or 2 percent.

Pain following laparoscopic procedure is much less than with the traditional operation and is usually controlled by pills. Most patients are feeling fine within several days. Normal activities can be resumed when the patient is feeling well enough, usually within or by a week. The most common problem following surgery is nausea, which is usually gone by the morning following surgery. Some patients also experience shoulder or back pain due to stretching of the abdominal muscles during the procedure. This may last several days. Most patients can take liquids on the evening of surgery and are encouraged to try a regular diet on the following morning. Patients are encouraged to go home as soon as they are comfortable, oftentimes a few hours following the surgical procedure. To summarize, the laparoscopic procedure saves the patient a painful incision and a large scar. It allows a much more rapid recovery so that patients can return to work within days in the postoperative pain is much reduced.

If there is some evidence prior to surgery that you might have a stone in your main bile duct, you may be referred to a gastroenterologist for procedure called ERCP (endoscopic retrograde cholangiopancreatography). This procedure entails insertion of a flexible lighted tube into the intestinal tract through the mouth with the patient heavily sedated. The entrance of the bile duct into the intestinal tract can be seen and widened so that any stones too large to pass can then fall through the widened opening. Should this procedure be necessary, it will be discussed in much greater detail with you.

You probably have concerns regarding transfusions. It is extremely rare to require transfusion for gallbladder operation. Blood loss during the procedure is usually only three or four ounces at most. We do not make blood available for this procedure. Nonetheless, if it is your desire to do so, arrangements can be made for you to give several units of your own blood a week or two in advance of the procedure so that it will be available in the unusual likelihood that you might need it. Infection, usually of the skin incision, occurs uncommonly, perhaps 1 or 2 percent of the time. This too is much reduced by the newer operation. Lastly, one of the unexpected side effects of the operation is occasionally weight gain. This is because people find that they can eat fattening foods, such as pizza, that were once avoided because of the severe indigestion and pain that resulted when they were eaten.

Hopefully this give you some idea of what gallbladder disease and surgery are all about. Should you have many questions, please do not hesitate to ask. If you choose to undergo surgery I will do my best to assure an excellent result and and a rapid recovery.

Dr. Mac

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