



Cholecystectomy

The gallbladder is a small sac-like organ that sits in the right upper quadrant of the abdomen below the liver. One of the purposes of the liver is to produce bile. Bile is a liquid that helps digest or break down fatty foods in our diet. Once bile is produced, it is stored in the gallbladder. When we eat, the gallbladder gets triggered and squeezes the liquid bile into the tube, the common bile duct, the drains the liver into the intestines.

One of the most common problems associated with the gallbladder is the formation of gallstones or *cholelithiasis*. Risk factors for forming gallstones including obesity, women of child-bearing age, high cholesterol, and genetics or a family history. When the gallbladder squeezes on the gallstones, it causes pain and inflammation. When the pain is intermittent, comes and goes, this is called *biliary colic*. If the symptoms occur over a long period of time, this can lead to inflammation of the gallbladder or *chronic cholecystitis*. If the symptoms persist for several hours or longer, this may be indicative of an obstruction of the gallbladder or *acute cholecystitis*, also known as a gallbladder attack.

Symptoms typically associated with gallbladder disease include right upper quadrant abdominal pain that is worse after meals, nausea, and vomiting.

Treatment for gallbladder disease is removal of the gallbladder or *cholecystectomy*. Surgery is performed laparoscopically via four small incisions using a camera and small instruments. Rarely is open surgery with a large incision performed. Risk factors for needing an open operation include multiple previous abdominal surgeries, chronic symptoms, and severe infection of the gallbladder.

Occasionally, the gallbladder may squeeze so hard, that the gallstones may migrate out of the gallbladder and get lodged in the tubes draining the liver and the pancreas. Stones in the common bile duct are called *choledocholithiasis* and may lead to jaundice or yellowing of the skin if the liver cannot drain properly. Stones that block the drainage of the pancreas can lead to *biliary pancreatitis*. Pancreatitis may present as abdominal pain that radiates to the back.

Treatment for common duct stones typically includes an ERCP, a special endoscopic procedure performed by a gastroenterologist to remove any stones in the duct. Treatment for pancreatitis includes fluids, pain control, nausea medication, and nothing to eat or drink until the inflammation resolves. Ultimate treatment for these problems includes removal of the gallbladder.

Surgery takes about 60-90 minutes. Many of these procedures are scheduled as an outpatient, where you come to the hospital through day surgery and go home through the same day. If you present as an emergency, most patients stay in the hospital for about 24 hours.

Recovery from gallbladder surgery is typically very rapid. Most patients are about 80% recovered within 2 weeks. It may take 4-8 weeks for you to return to normal- pain and soreness to completely resolve, appetite to return to normal, and to feel energetic. Patients typically stay off of work 3-10 days.

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You will return to a normal life after you have recovered from surgery. About 1 in 3 patients may develop diarrhea after surgery, especially when eating fatty, greasy, and oily foods. If this occurs, it typically resolves within 3 months in 99% of patients. It is rare for medication to be prescribed for persistent diarrhea after surgery. You will return to eating a normal diet and engaging in your usual activities once you fully recovery from surgery.