(Post Cholecystectomy Syndrome)

Submitted For Master Degree in General Surgery
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Despite the generally excellent results from gall bladder surgery, 4%-40% of all patients undergoing cholecystectomy will have subsequent complaints.

Incomplete diagnosis diseases of adjacent organs as liver, pancreas, and common bile duct may lead to continuation of preoperative syndrome.

Post-cholecystectomy symptoms may be also due to failure of surgical procedures as residual ductal stones or overlooked neoplasm or due to faulty surgical procedure in the form of injury to the common bile duct, choledochoduodenal fistula and cystic duct stump remnants.

Physiological disorders due to removal of functioning gall bladder or dyskinasia of the sphincter of Oddi may lead to postcholecystectomy distress.

Surgeons must be aware of the normal anatomy and the incidence and types of anomalies at this important area for safe cholecystectomy.

Normal physiology and pathological changes after cholecystectomy are also important to be known.

In all cases of postcholecystectomy syndrome, extensive clinical, laboratory evaluation is required.

Ultrasoundography, computed tomography, intravenous cholangiography, and ERCP are very helpful in the diagnosis of the cause of postcholecystectomy syndrome.

Once the cause of the distress is diagnosed, it must be treated specifically.