

- Sometimes the operation is delayed for several weeks until the inflammation has settled.
- Different techniques to remove the gallbladder may be used depending on various factors.
- Laparoscopic surgery is now the most common way to remove a gallbladder. The medical term for this operation is laparoscopic cholecystectomy
- Only small cuts are needed in the abdomen with small scars remaining afterwards. The operation is done with the aid of a special telescope that is pushed into the abdomen through one small cut. This allows the surgeon to see the gallbladder. Instruments pushed through another small cut are used to remove the gallbladder.

POSSIBLE COMPLICATIONS OF CHOLECYSTITIS

- The gallbladder becomes severely infected and even gangrenous.
- This can lead to blood poisoning (septicaemia), which is very serious and can be life-threatening.
- Other possible complications include: the gallbladder may perforate (burst), or a fistula (channel) may form between the gallbladder and gut as a result of continued inflammation.

AFTER A GALLBLADDER IS REMOVED:

- You do not need a gallbladder to digest food.
- Bile still flows from the liver to the gut once the gallbladder is removed.
- However, there is no longer any storage area for bile between meals.
- You can usually eat a normal diet without any problems after your gallbladder is removed.
- However, up to half of people who have had their gallbladder removed have some mild abdominal pain or bloating from time to time.

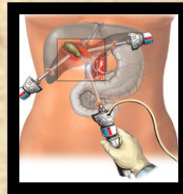
- Some people notice an increase in the frequency of passing stools (motions or faeces) after their gallbladder is removed. This is like mild diarrhoea. It can be treated by anti-diarrhoeal medication if it becomes troublesome.

WHO SHOULD I CONTACT IF THERE IS A PROBLEM FOLLOWING MY OPERATION?

- If you have any problems please contact the hospital 03-79494422 and ask to be put through to the ward you were admitted or seek medical treatment at the emergency department.

REFERENCES

1. West Suffolk Hospitals NHS Trust Patient Advice and Liaison Service Hardwick Lane, Bury St Edmunds, Suffolk, www.wsh.nhs.uk/pals
2. Dr Pok Eng Hong ,Specialist Upper Gastrointestinal, UMMC



Disediakan Oleh:

Wad 7U

Tel : 03-79492661 / 2449

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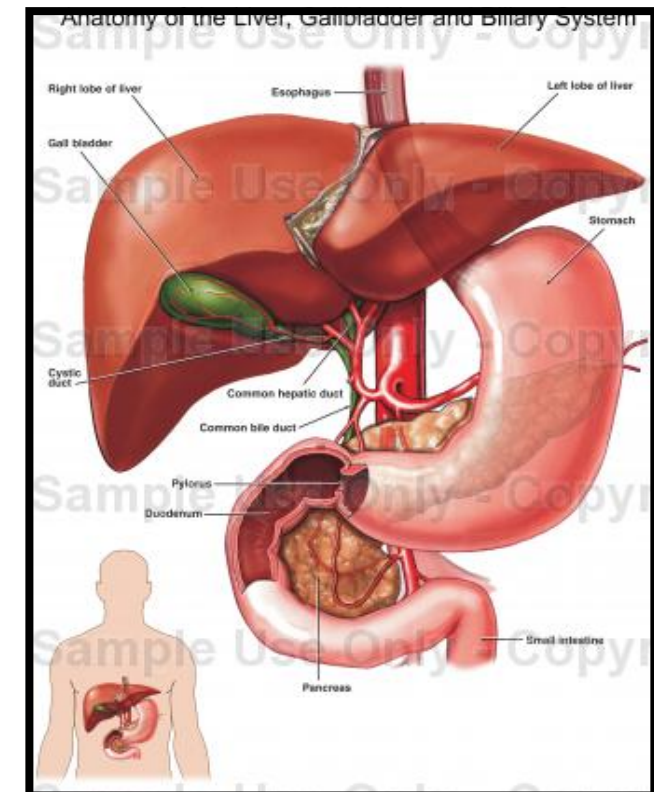
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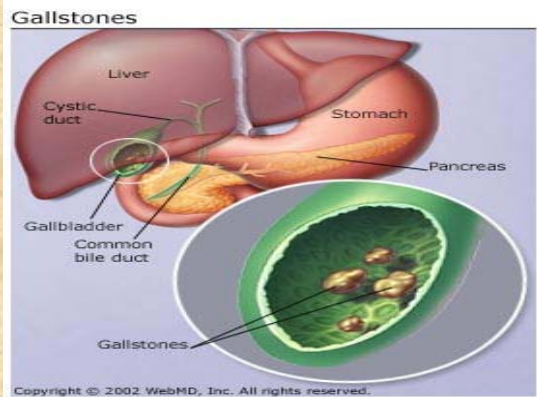
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PATIENT INFORMATION LEAFLET ON CHOLECYSTITIS



CHOLECYSTITIS

- The medical term for gallstone formation is cholelithiasis.
- Cholecystitis is an inflammation of the gallbladder, which can happen suddenly (acute) or over a period (chronic).
- Most cases are caused by gallstones.
- When a gallstone becomes stuck in the cystic duct (this is the tube that drains bile out from the gallbladder into the bile duct), bile then builds up in the gallbladder, which becomes stretched (distended).
- The walls of the gallbladder become inflamed, and in some cases the inflamed gallbladder becomes infected.
- An infected gallbladder is more prone to lead to complications.
- The inflammation may settle down with conservative treatment with antibiotic.
- However, persistent inflammation may need emergency surgery to prevent further complication. Such as gallbladder perforation or leaks. It happens in rare cases but it is life threatening condition



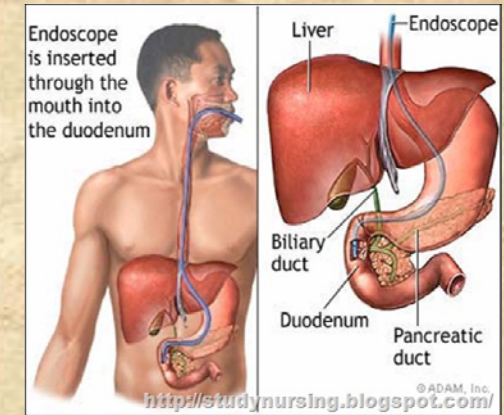
- Bile is a fluid made in the liver.
- Bile contains various substances including bile pigments, bile salts, cholesterol and lecithin.
- Bile is passed into tiny tubes called bile ducts. The bile ducts join together (like the branches of a tree) to form the main bile duct.
- Bile constantly drips down the bile ducts, into the main bile duct, and then into the gut after the stomach).
- The gallbladder lies under the liver on the right side of the upper abdomen.
- It is like a pouch which comes off the main bile duct and fills with bile. It is a 'reservoir' which stores bile.
- The gallbladder contracts (squeezes) when we eat.
- This empties the stored bile back into the main bile duct.
- The bile passes along the remainder of the bile duct into the duodenum (the first part of the gut after the stomach).
- Bile helps to digest food, particularly fatty foods.

THE COMMON SYMPTOMS OF CHOLECYSTITIS

- Sharp pain in the centre or right upper abdomen .
- Low grade fever.
- The pain may radiate (travel) to the back or to the right shoulder and tends to be worse if you breathe in deeply.
- Jaundice (yellowing colour of the skin), may occur if gallstones are in the common bile duct.
- You may also develop nausea (feeling sick), feeling of bloated, vomiting.

HOW IS CHOLECYSTITIS DIAGNOSED?

- An ultrasound scan is commonly done to clarify the diagnosis.
- It can usually detect gallstones, and also if the wall of the gallbladder is thickened



TREATMENT FOR CHOLECYSTITIS

- Usually, you will not be allowed to eat or drink (to rest the gallbladder),
- You will be given fluids and painkillers.
- With this initial treatment the gallstone that caused the blockage often falls back into the gallbladder, and the inflammation and symptoms often settle down.
- If the doctor suspects that the gallbladder has become infected, you will also be given antibiotics directly into a vein through the 'drip'.
- The gallbladder will usually be removed by an operation. The operation is often done within a few days of being admitted to hospital.
- Inform your surgeon if you are taking blood thinners (Plavix)