

GALLBLADDER DISEASE

SYMPTOMS OF GALLBLADDER DISEASE

- Pain or aching in the right upper abdomen.
- A person might feel a dull ache beneath the ribs.
- Back pain
- Pain in or around the right shoulder
- Nausea, heartburn, upset stomach and or vomiting.

These symptoms would lead a physician to look at a person's gallbladder. The gallbladder is a small organ in the abdomen. This organ stores and releases bile that is then used to digest food. It can become filled with stones (Cholelithiasis) or have inflammation (Cholecystitis) without stones.

Your doctor can check for stones by way of ultra sound. Dr. Albertson does have an ultra sound machine located in his office or an ultra sound can be obtained at an imaging center. This ultra sound will show the structure of the gallbladder and if there are any stones presently in the organ.

If stones are present on ultra sound, Dr. Albertson will talk about surgery to remove the gallbladder. This is called a Laparoscopic Cholecystectomy (Lap Chole).

If there are NOT stones present in the gallbladder a test called a Hepatobiliary-Ductal (HIDA) scan will be scheduled with Duncan Regional Radiology. This scan will test the function of the gallbladder. If the test results come back as a non-functioning gallbladder, Dr. Albertson will talk to the patient about surgery (Lap Chole).

Once a diagnosis of Cholelithiasis or Cholecystitis is obtained you can expect the following from your surgery.

LAPAROSCOPIC CHOLECYSTECTOMY (LAP CHOLE)

This surgery is performed using General Anesthesia Dr. Albertson will place 4 small incisions on your abdomen. These are used for the insertion of instruments. A harmless gas (CO₂) is inflated into the abdomen to help lift the abdominal wall. This allows a clear view of the gallbladder. A catheter is used to inject dye into the bile duct. This is called a cholangiogram. It helps to show if there are any stones present in the common bile duct. The gallbladder is then removed – it is lifted out through one of the incision sites. This specimen is then sent to the lab for pathology. The incisions are closed with absorbable sutures and glue.

If in the event Dr. Albertson feels the gallbladder can not be removed Laparoscopically, an open procedure will be performed. This does not mean anything has gone wrong, instead, it means Dr. Albertson feels it is safer to remove the gallbladder through a larger incision. The main difference is, a patient will have a larger incision and will be staying in the hospital overnight and will have a longer recovery time.

WHAT TO EXPECT AFTER SURGERY

- You will leave the hospital the same day.
- You will be given prescriptions for pain management.
- You may feel some discomfort in the shoulder area – this is caused from the gas used during the surgery.
- You may experience some bruising around the incisions.
- You could experience abdominal cramping.

TO HELP IN THE RECOVERY A PATIENT COULD DO THE FOLLOWING:

- Walk and move around as much as possible.
- Shower with warm water the day after surgery.
- Take an anti inflammatory (motrin).
- Eat a light meal.

IF YOU EXPERIENCE ANY OF THE FOLLOWING CONTACT DR. ALBERTSON:

- Fever over 102 ° F
- Bleeding or drainage from incisions
- Shortness of breath
- Chills
- Pain or swelling in legs
- Nausea or Vomiting that lasts longer than 12 hours
- Prolonged diarrhea

DR. ALBERTSON CAN BE REACHED

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NIGHTS AND WEEKENDS BY PAGER:
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