Gallbladder Problems: Diagnosis, Treatment, and Surgery

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Do people need their gallbladders?

Fortunately, the gallbladder is an organ most people can live without. Your liver produces enough bile to digest a normal diet. Once the gallbladder is removed, bile flows out of the liver through the hepatic ducts into the common bile duct and directly into the small intestine, instead of being stored in the gallbladder.

Because now the bile flows into the small intestine more often, softer and more frequent stools can occur in about 1 percent of people. These changes are usually temporary, but talk with your health care provider if they persist.

Why would I need my gallbladder to be removed?

Usually the reason is that you have gallstones, and have had symptoms from them. Your doctors will have investigated your symptoms and decided that gallbladder removal will help you.
Because gallstone symptoms may be similar to those of a heart attack, appendicitis, ulcers, irritable bowel syndrome, hiatal hernia, pancreatitis, and hepatitis, an accurate diagnosis is extremely important.

- Gallstones form when bile hardens in the gallbladder.

- Gallstones are more common among older adults; women; American Indians; Mexican Americans; people with diabetes; those with a family history of gallstones; people who are overweight, obese, or undergo rapid weight loss; and those taking cholesterol-lowering drugs.

- Gallbladder attacks often occur after eating a meal, especially one high in fat.

- Symptoms can mimic those of other problems, including a heart attack, so an accurate diagnosis is important.

- Gallstones can cause serious problems if they become trapped in the bile ducts.

**How are gallstones diagnosed?**

Often gallstones are discovered during tests for other health conditions. When gallstones are suspected to be the cause of symptoms, the doctor is likely to do an ultrasound exam—the most sensitive and specific test
for gallstones. A handheld device, which a technician glides over the abdomen, sends sound waves toward the gallbladder. The sound waves bounce off the gallbladder, liver, and other organs, and their echoes make electrical impulses that create a picture of the gallbladder on a video monitor. If gallstones are present, the sound waves will bounce off them, too, showing their location.

There are other diagnostic tests which may also be performed.

- **Computerized tomography (CT) scan.** The CT scan is a noninvasive x ray that produces cross-section images of the body. The test may show the gallstones or complications, such as infection and rupture of the gallbladder or bile ducts.

- **Cholescintigraphy (HIDA scan).** The patient is injected with a small amount of nonharmful radioactive material that is absorbed by the gallbladder, which is then stimulated to contract. The test is used to diagnose abnormal contraction of the gallbladder or obstruction of the bile ducts.

- **Endoscopic retrograde cholangiopancreatography (ERCP).** ERCP is used to locate and remove stones in the bile ducts. After lightly sedating you, the doctor inserts an endoscope—a long, flexible, lighted tube with a camera—down the throat and through the stomach and into the small intestine. The endoscope is connected to a computer and video monitor. The doctor guides the endoscope and injects a special dye that helps the bile ducts appear better on the monitor. The endoscope helps the doctor locate the affected bile duct and the gallstone. The stone is captured in a tiny basket and removed with the endoscope.

- **Blood tests.** Blood tests may be performed to look for signs of infection, obstruction, pancreatitis, or jaundice.
Photograph of torso with the lower portion of the lungs and the gastrointestinal tract. The lower portions of the lungs are at the top of the drawing. The gallbladder is the small, bulb-like structure just below the right lung. The stomach is the smooth, curved organ just below the lungs. The small intestine is the smooth, winding tube in the center of the abdomen. The large intestine is the indented structure with a line running through the center. The large intestine surrounds the small intestine.

Photograph of torso with the pancreas and gallbladder. The pancreas is irregular in appearance and extends to the left side of the abdomen. The gallbladder is above the pancreas and is the smaller of the two structures. The bile ducts are the tubes leading to the pancreas.

**Nonsurgical Treatment**

Nonsurgical treatment is sometimes used. One such situation is when a patient has a making surgery inadvisable. A nonsurgical treatment for gallstones is known as oral dissolution therapy. Drugs made from bile acid are used to dissolve gallstones. These drugs may cause mild diarrhea, and may raise levels of blood cholesterol and the liver enzyme transaminase.
Surgery

If you have gallstones without symptoms, you should not require surgery.

If you have symptoms, you and your doctor may determine that gallbladder removal should be done. Surgery to remove the gallbladder—a nonessential organ—is one of the most common surgeries performed on adults in the United States.

Surgical removal of the gallbladder is called a cholecystectomy. Before undergoing this (or any) surgery, your surgeon should obtain your “informed consent.” In general, this means that the doctors have fully and accurately explained the operation, its risks, and possible complications to you before you agree to the procedure.

In the United States, the majority of cholecystectomies are performed with laparoscopy. In a laparoscopic procedure, the surgeon makes several small incisions in the abdomen and inserts a laparoscope and a miniature video camera. The camera sends a magnified image from inside the body to a video monitor, giving the surgeon a close-up view of the organs and tissues. While watching the monitor, the surgeon uses the instruments to separate the gallbladder from the liver, bile ducts, and other structures. Then the surgeon cuts the cystic duct and removes the gallbladder through one of the small incisions.

Sometimes, an “open” surgery is more appropriate, for example if your tests show the gallbladder has severe inflammation, infection, or scarring from other operations. In an open surgery, the incision is usually about 5 to 8 inches in length.
What can go wrong with gallbladder surgery?

In any surgical procedure, things have the potential to go wrong. Sometimes things go wrong as a result of negligence by the surgeon or other medical personnel. Other times, there is no negligence involved. To find out if your complication or injury was the result of negligence or wrongdoing, a detailed investigation into your situation and medical records is needed. Berger & Lagnese LLC in Pittsburgh can perform this thorough investigation where warranted. These services will not cost you any money out of your pocket; if a lawsuit is filed, any legal fees and expenses will be contingent on recovering money for you. If there is no recovery of money, you will owe no fees or costs.

Some of the problems that can happen after gallbladder surgery include:
- Bile leakage;
- Retained stones (if the bile duct has stones lodged in it, the surgeon may need to return at a later date);
- Bile duct injury;
- Bowel injury;
- Liver damage;
- Blood clots in the legs -(deep vein thrombosis / DVT);
- Excessive bleeding;
- Subhepatic abscess.

The most common complication in gallbladder surgery is injury to the bile ducts. An injured common bile duct can leak bile and cause a painful and potentially dangerous infection. Mild injuries can sometimes be treated nonsurgically. Major injury, however, is more serious and requires additional surgery.

Even though laparoscopic surgeries have become more common, some problems appear more frequently than with the open technique. Again, to determine whether the post-surgical complication was likely the result of medical malpractice, an attorney experienced in these cases must fully evaluate the situation.

One of the most frequent situations carrying a high risk of injuries during laparoscopic gallbladder surgery is acute cholecystitis. This condition changes the local anatomy and increases the difficulty of identifying the parts of the involved organs during a laparoscopic surgery. In these cases, there are higher risks of injury to the common bile duct, the liver, postoperative bile leak, hemorrhage and subhepatic abscess. Other situations associated with increased risks of doing a laparoscopic procedure can include: fibrotic gallbladder or cirrhosis of the liver.