Gallbladder Disease is the subject of this Review in Surgery.

Management of gallbladder disease is one of the most common things we deal with. Patients present with a variety of symptoms ranging from vague episodic upper abdominal pain all the way to severe attacks precipitating a trip to the emergency room. In the past the mere presence of gallstones was an indication for surgery, the feeling being that sooner or later symptoms would occur. A later study in healthy adults found that asymptomatic gallstones can be observed accepting that 16% of these asymptomatic patients would have a severe attack and possibly pancreatitis with their first episode. **All however agree that once symptoms occur surgical treatment should be performed**. Surgical treatment is best done sooner than later to avoid the complications of the disease including common bile duct stone, infection, repeated attacks and the most dreaded complication, pancreatitis.

The evaluation of gallbladder disease starts with a sonogram. The sonogram is considered positive if it shows stones, sludge, wall thickening which denotes inflammation or "polyps" which are really small soft cholesterol stones adherent to the gallbladder wall. All these sonographic findings in the presence of appropriate symptoms denote disease. In those patients with symptoms but a negative sonogram, Hida scan with ejection fraction has been found to be helpful. This test is a functional test and tells us how well the gallbladder is working. Hida scan ejection values of less than 35% are consistent with chronic cholecystitis.

In 1992 I performed the first Laparoscopic Cholecystectomy in central Texas at Seton. At that time gallbladder surgery required an open operation and an average length of hospital stay of 6 to 8 days. Insurance companies were reluctant to approve the new procedure until we studied our results in our first 25 patients and reported this at the semi annual meeting of the Texas Surgical Society in 1993. Once the cost savings of the overnight hospital stay was realized approval rapidly followed.

The conduct of **Laparoscopic Cholecystectomy** requires general anesthesia and lasts 30 minutes to one hour. During the procedure an intra operative chloangiogram is performed. This confirms the anatomy of the ductal system and also identifies the presence of common duct stones which occur in 10% of patients. If a common duct stone is present some can be treated at that time with laparoscopic instruments. If this is not possible then usually our Gastroenterology colleagues can perform an ERCP and stone extraction. Rarely (about 1% of the time) an open operation is necessary. Most patients are

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discharged within 18 to 23hours. The really great thing about laparoscopic cholecstectomy is that it is so much easier on the patient and cures the problem for the remainder of the patient's life. It never ceases to amaze me having grown up with the open procedure how well patients do. I hope this has been informative, please don't hesitate to call me with questions regarding surgical care and treatment.

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