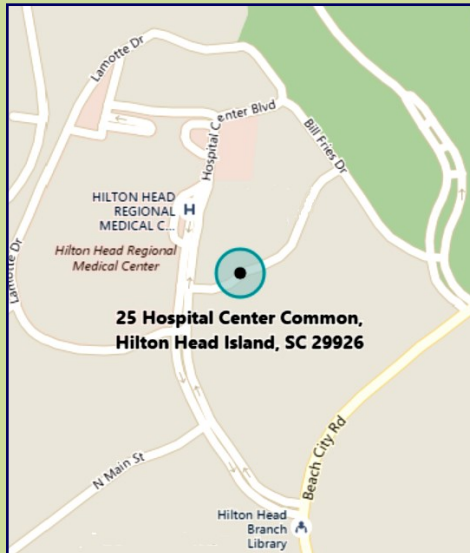


Location

Our office is located in the single story building in the Hospital Center Common located across from Hilton Head Hospital.

We are located on the web at:

www.HHISurgeons.com



Performing Surgeries at:

- Hilton Head Hospital
- Outpatient Surgery Center of Hilton Head

Surgery by Surgeons

A fully trained surgeon is a physician who, after medical school, has gone through at least five years of training in an accredited residency program to learn the specialized skills of a surgeon. One good sign of a surgeon's competence is certification by The American Board of Surgery, a national surgical board approved by the American Board of Medical Specialties. All such board-certified surgeons have satisfactorily completed an approved residency training program and have passed a rigorous specialty examination.

The letters F.A.C.S. stands for Fellow of the American College of Surgeons. Surgeons who become Fellows of the College have passed a comprehensive evaluation of their education, training, and professional qualifications. Their credentials have been found to be consistent with the standards established and demanded by the College.

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ABOUT GALLBLADDER DISEASE

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GALLBLADDER DISEASE

THE GALLBLADDER

The gallbladder is a small sac like organ adjacent to the liver. It is located in the upper right abdomen under the ribs. The gallbladder connects via the cystic duct to the **common bile duct (CBD)**, which transports bile from the liver to the intestine. **Bile** is a substance produced by the liver that helps to digest fat. The gallbladder stores bile and contracts to release it into the intestine when a meal has been ingested.

GALLBLADDER DISEASE

Gallbladder disease is usually secondary to gallstones. The incidence of gallstones in the US population is approximately 10 percent and increases with age. Gallstones are also more prevalent in females. Fortunately, many people with gallstones will never go on to develop gallbladder disease.

Gallbladder disease developing in the absence of stones is the result of abnormal emptying and is labeled **biliary dyskinesia**.

SYMPTOMS

Most individuals with gallbladder disease will have symptoms; however, they may sometimes be very subtle. Classically, patients will have sharp crampy pain in the upper right abdomen. The pain may also travel into the right back and shoulder. Often the pain is associated with nausea and vomiting and may be relieved with belching or throwing up. These episodes of pain may be precipitated by food, especially if it is greasy, spicy or fatty.

The pain is caused by a stone blocking the cystic duct, which is the duct that carries the bile from the gallbladder to the CBD. Sometimes a stone may even travel into the CBD, and if it causes a

blockage at this location **jaundice**, yellow discoloration of the skin and eyes, will likely develop.

The CBD travels through the pancreas before emptying into the intestine, so if a stone is completely passed it may cause **pancreatitis**, inflammation of the pancreas. The symptoms of pancreatitis are usually severe upper abdominal and/or midback pain with nausea and vomiting. The development of fever, jaundice, or pancreatitis with a gallbladder attack is serious, and a physician should be notified promptly.

DIAGNOSIS

Since most gallbladder disease is caused by the gallstones, the initial diagnostic test obtained is usually a **gallbladder ultrasound**. The ultrasound uses sound waves to painlessly visualize the gallbladder and detect the presence or absence of gallstones.

If gallstones are not found but gallbladder disease is strongly suspected then a **HIDA scan** will often be done. This test follows and injected dye through the liver and into the bile ducts to see if the gallbladder fills and empties normally. If it is not emptying normally and/or pain is reproduced then the patient has biliary dyskinesia.

TREATMENT

The only cure for gallbladder disease is to surgically remove it and the stones. Both techniques used are done under general anesthesia.

LAPAROSCOPIC CHOLECYSTECTOMY—This is how most gallbladders are removed ninety five percent of the time. With this technique a video camera and special instruments are inserted through several small incisions. The largest incision is at the umbilicus, about one inch in length, and where the camera is inserted. The other smaller incisions are

usually located under the right ribs. For elective cases the patient is usually discharged home the same day. Five percent of the time the surgeon may determine that it is unsafe or technically unfeasible to proceed laparoscopically, so an open cholecystectomy will be performed.

OPEN CHOLECYSTECTOMY—This refers to removing the gallbladder through a larger incision without the use of the video camera. The incision is usually several inches in length and located under the right ribs. This is associated with more discomfort and usually requires a 3 to 5 day stay in the hospital.

COMPLICATIONS

Most cholecystectomies occur without significant complications; however, no surgery is risk free. There is about a 1-3% risk of infection and a less than 1% risk of serious bleeding. Fewer than 5% of patients will experience some transient diarrhea after removal of the gallbladder. One of the most serious complications is injury to the CBD, which may necessitate further surgery or repair at a specialized center. Fortunately, this complication is not common, occurring in only 1 in 500 cases.

RECOVERY

All patients are different and no two operations are alike; therefore, recovery will vary from person to person. After Laparoscopic cholecystectomy most patients report that the worst of their pain lasts for two to seven days. Often the biggest complaint is a lack of energy or stamina. With the open cholecystectomy the recovery period will usually last several weeks, and unlike laparoscopic cholecystectomy patient activity is restricted to no lifting or pushing over 10 lbs for six weeks. There are no dietary restrictions after gallbladder removal.