Complex Gallbladder Disease

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1.) 88 yo woman seen in ER on Thanksgiving after 1st episode of RUQ pain x 1h, T37.8°, WBC 10.5 mg/dl, LFTs nl

PMH:
HTN, CAD/CABG, a. fib., CRI, severe dementia
SNF, walker

PE:
Mild focal tenderness, RUQ

US:
Numerous shadowing gs no gb thickening or fluid, (-) sono Murphy's, cbd 4mm

Operate: yes or no?

Aging and Surgical Outcomes:
Should we consider frailty, dementia and functional impairment in surgical decision-making?

  Dept. of Surgery, John Hopkins University School of Medicine
  - frailty can be defined: exhaustion, ambulation speed

  Dept. of Surgery, University of Colorado at Denver School of Medicine
  - preop dementia strongest predictor postop delirium

  - dementia, functional impairment, frailty increased mortality

Effect of functional status on mortality after cholecystectomy: Emily Finlayson, M.D.
Medicare Database: 65+, 1999-2006

Operative Mortality: Cholecystectomy

<table>
<thead>
<tr>
<th>Independent</th>
<th>SNF</th>
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<tbody>
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<td>Operative Mortality (%)</td>
<td>16%</td>
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So, our 88 yo lady was admitted, managed expectantly
24 yo woman, 22 wks pregnant, ruq pain x 6h, nausea, fever 38.5°

**PE:** hr 110, febrile, focal tenderness RUQ uterus at the umbilicus, nl fht

**Labs:**

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<td>&lt;1.2mg/dl</td>
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**US:** gs, gb wall thickening, pericholecystic fluid, sono murphy’s, cbd 4mm

**Operate:** Yes or No?

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Lap. Chole: Safe in Pregnancy?

**YES!!!!**

"symptomatic cholelithiasis" (n=63) (hi ivf cohort)

- **NonOp** (n=53)
  - 26% Contractions
  - 38% Relapse
  - 24% Induction or c/s
  - 9% Preterm Deliveries
  - One fetal death

- **Op** (n=10)
  - 30% Contractions
  - No relapse
  - No Inductions or c/s
  - No Preterm Deliveries


**TIPS:**
- LC up to about 25 weeks
- Hasson (open) entry
- Intraop fetal monitoring (US)

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54 yo man 1mo after bmt/ALL, icu severe gvhd, ards, intub/paralyzed, rising bilirubin x 1wk, on abx

**PE:** distended

**Labs:**

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| 6 | 0.8 | 100 | 25 |
| 12 | 1 | 125 | 30 |

**US:** distended gb, no gs, mod. gb wall thickening, ascites, unable to assess Murphy’s, cbd 8 mm

**DDX?**
- acalculous cholecystitis? cholangitis?

**Now What?**

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Unknown sick patient in ICU with rising lfts,

**Serial Ultrasound:**
Improves accuracy of dx of AAC

**Daily US x 2:** worsening gb thickening

**IF Wait:** days 4-5: mucosal slough, air bubbles in gb wall (emphysematous cholecystitis)

**RX?**

1. Chk INR, PLts then
2. Percutaneous Cholecystomy Tube placement (transhepatic if nl coags vs transabdominal)
3. Tube check, 6wks, d/c tube if no gs and free flow into cbd vs. reconsider chole surgery GI
60 yo man admitted to medicine via ED, 2d sscp, sob

**PE:** protuberant abdomen

**Labs:**

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- **HD 1-2:** romi; persistent sscp
- **HD 3:** r/o thoracic aortic dissection: CT shows gs, severe gb inflammation, IHDD

Gangrenous Cholecystitis

"Pseudo-Mirizzi’s Syndrome"

- abx and decompression
- Percutaneous cholecystostomy vs. Chole?
- What are barriers to safe laparoscopic approach?
  - adequate definition of landmarks
  - fusion of left gb wall with chd
  - inability to effectively occlude cystic duct

So...

- Fundus first, liver retractor, 45° or 70° scope
- “Hemisect” gb at midportion
- Can safely leave cystic duct open; drain

UC: 80% success rate laparoscopically

(*ms submission pending)

50 yo woman midepig./luq pain, nausea, vomiting, fever (no ETOH)

**Data:** BP, HR nl, good urine output

**Labs:** wbc 15K, amylase 2000 (<100), lipase 500 (<30), T.bili. 1.3 (1.2), alk phos 150 (130), ast 50

**US:** small gs, cbd 6mm

**DX?**
- biliary pancreatitis

**RX:** fluids, bowel rest;

**Course:** pain improves < 48h;

**Now what? ERCP or Lap Chole?**

**OR:** lap chole, cholangiogram

Lap. Chole with Intraoperative Cholangiogram, +/- Lap. Common Bile Duct Exploration

**DO:** Completion cholangiogram
- Endoloop on cystic duct
- Home POD #1
Lap. Common Bile Duct Exploration (vs. ERCP)

**ERCP**: Cholangitis
Proximal stones
Larger stones

**LCBDE**: “One-Stop Shopping”
Single Anesthetic
Lower M&M vs. LC + ERCP/ES

Thank You!

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