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Gallstone disease: Evaluation and management in patients after bariatric surgery

L Renee Hilton[1] and **Andrew J Duffy**[2]
[1]Augusta University Medical Center, USA
[2]Yale University, USA

Gallstone disease is one of the most prevalent disease processes being managed by general surgeons across the country; in some studies as high as 15% of the population will be diagnosed with cholelithiasis annually. Cholelithiasis is even more prevalent in the bariatric patient population due to rapid weight loss and is seen in 30-71% of patients. Both the increase in bariatric procedures being performed each year along with the change in practice at most institutions of no longer performing cholecystectomy at the time of initial surgery presents us with a new surgical problem; how should we manage bariatric patients who present with gallstone disease? Diagnosis of gallstone disease in bariatric patients can be a difficult challenge due to many possible etiologies of abdominal pain; however, like the general population, the most common presenting symptoms of gallstone disease are post-prandial right upper quadrant or epigastric abdominal pain and mild nausea with or without vomiting. Evaluation is similar to that of the general population and includes laboratory testing and multiple imaging modalities. Management of gallstone disease in post-operative bariatric patients largely depends on the type of surgery that they have had and whether their foregut anatomy is altered. The purpose of this paper is to review the current literature as well as our own experience to provide a standard for both diagnosing and managing gallstone disease in patients who have had bariatric surgery. Lastly, it is our opinion and recommendation that any patient with gallstone disease and altered foregut anatomy be managed at a tertiary center where a multidisciplinary team is available. The surgeon involved in the case should be an experienced laparoscopic surgeon in either hepatobiliary or bariatric surgery. These cases are technically challenging and adequate knowledge of the surgical foregut anatomy is required to surgically manage these patients safely

Recent Publications

1. Ray J J et al. (2017) Effect of question bank usage on performance on the American Board of Surgery in-training examination in general surgery residents. J. Am. Coll. Surg. 225(4):S183.
2. Yu J, Hilton L and Magana G (2011) Medical College of Georgia. Pierre Robin Sequence. Current Pediatric Reviews. 2011;7(1):15-19.
3. Andrew J. Duffy, L. Renee Hilton, and Kurt E. Roberts. Stapler value in bariatric surgery: Maintaining quality at lower cost. Yale University School of Medicine, New Haven, CT. Poster presentation at the American Society of Metabolic and Bariatric Surgery Obesity Week Conference. 2017. Manuscript submitted.
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5. Hilton LR, Nadzam, G, Hubbard, M, Ghiassi, S, Roberts, KE, Duffy, AJ. Perforation of vertical banded gastroplasty secondary to band erosion. Yale University School of Medicine, New Haven, CT. American College of Surgery, Connecticut Chapter, 2017.

Biography

L Renee Hilton, MD, is a Board Certified General Surgeon and is a Fellowship trained in both bariatric and minimally invasive surgery. She is the Director of Bariatric Surgery and the Center of Obesity and Metabolism at Augusta University Medical Center. She is an Assistant Professor at the Medical College of Georgia. She completed her general surgery residency at Jackson Memorial Hospital and then fellowship in bariatric and minimally invasive surgery at Yale University. She has been involved in numerous research projects involving obesity and foregut motility and is currently serving as the Principal Investigator on two trials at Augusta University Medical Center. She specializes in laparoscopic procedures for obesity, including gastric bypass, sleeve gastrectomy, and revisions of prior bariatric surgery. She is dedicated to helping individuals with morbid obesity reach healthier weights and improve their quality of life.

LHILTON@augusta.edu