

Medical Uses of Cholecystectomy, its Risk Factors and Contraindications

Luyen Yin*

Department of Urology, Guangdong Medical University, Zhanjiang, China

DESCRIPTION

The surgical removal of the gallbladder is known as a cholecystectomy. Gallstones and other gallbladder problems that are symptomatic are frequently treated with cholecystectomy. Cholecystectomy was the ninth most frequent surgical treatment carried out in American hospitals in 2011. An open surgical procedure or a laparoscopic method can be used to remove a cholecyst. Although postcholecystectomy syndrome, which affects up to 10% of patients, is a condition where symptoms persist even after cholecystectomy, the procedure is typically successful in reducing symptoms. Bile duct damage, wound infection, haemorrhage, retained gallstones, abscess development, and bile duct stenosis (narrowing) are among the cholecystectomy complications.

Medical uses

The most frequent causes of gallbladder removal are pain and problems brought on by gallstones. Biliary dyskinesia and gallbladder cancer can both be treated by removing the gallbladder. Although gallstones are extremely prevalent, 50% to 80% of those who have them are asymptomatic and do not require surgery; instead, their stones are discovered by chance during imaging tests of the abdomen (such as an ultrasound or CT) that are being done for another reason. Only approximately 30% of the more than 20 million Americans who have gallstones may eventually need a cholecystectomy to cure complications or relieve symptoms (pain).

Risk factors

All surgeries run the danger of major complications, such as bleeding, infection, damage to adjacent structures, or even death. For patients under 50 and those over 50, the surgical fatality rate following cholecystectomy is approximately 0.1% and 0.5%, respectively. The risk of death from co-occurring illnesses such cardiac or pulmonary disease is the highest.

Biliary injury: Biliary injury, or damage to the bile ducts, is a significant side effect of cholecystectomy. Injuries to the bile ducts occur in 0.3% to 0.5% of laparoscopic procedures while

they only happen in 0.1% to 0.2% of open procedures during cholecystectomy. In a laparoscopic cholecystectomy, about 25%–30% of biliary damage are detected during the procedure; the remainder are discovered in the first few days following the procedure. Bile leakage into the belly is a very dangerous consequence of damage to the bile ducts. Abdominal pain, soreness, fever, and signs of sepsis many days after surgery are all indications of a bile leak.

These symptoms can also be detected through laboratory tests such as increased total bilirubin and alkaline phosphatase levels. A person may experience complications from a bile leak for years, which may result in death. Any patient whose post-cholecystectomy recovery is not progressing as planned should constantly be checked for bile leak. A surgeon with specialised training in biliary reconstruction is required to repair the majority of bile damage. More than 90% of patients who have biliary injuries can recover successfully over the long term if they are appropriately diagnosed, treated, and repaired. The routine use of intraoperative cholangiography (IOC), an X-ray examination of the bile ducts, can both prevent and treat injury to the bile ducts. The Swedish independent government agency (SBU) evaluated this procedure and found that regular use reduced the incidence of damage and morbidity following untreated injury while only slightly raising cancer rates due to radiation exposure.

Contraindications

Cholecystectomy has no specific contraindications and is generally regarded as a low-risk procedure. However, cholecystectomy is not recommended for anyone who cannot handle operation while under general anaesthesia. Using a technique like the American Society of Anesthesiologists (ASA) physical status classification system, individuals can be divided into high- and low-risk groups. According to this approach, those who fall into the ASA categories III, IV, and V are at a greater risk of needing a cholecystectomy. This typically comprises the very elderly and those who have additional illnesses, such as end-stage liver disease with portal hypertension and improper blood clotting.

Correspondence to: Luyen Yin, Department of Urology, Guangdong Medical University, Zhanjiang, China, E-mail: Luyenyin@au.cn

Received: 01-Jun-2023, Manuscript No. MSU-23-24657; **Editor assigned:** 05-Jun-2023, Pre QC No: MSU-23-24657 (PQ); **Reviewed:** 19-Jun-2023, QC No: MSU-23-24657; **Revised:** 26-Jun-2023, Manuscript No: MSU-23-24657 (R); **Published:** 03-Jul-2023, DOI: 10.35248/2168-9857.23.12.319

Citation: Yin L (2023) Medical Uses of Cholecystectomy, its Risk Factors and Contraindications. *Med Surg Urol*. 12: 319.

Copyright: © 2023 Yin L. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.