

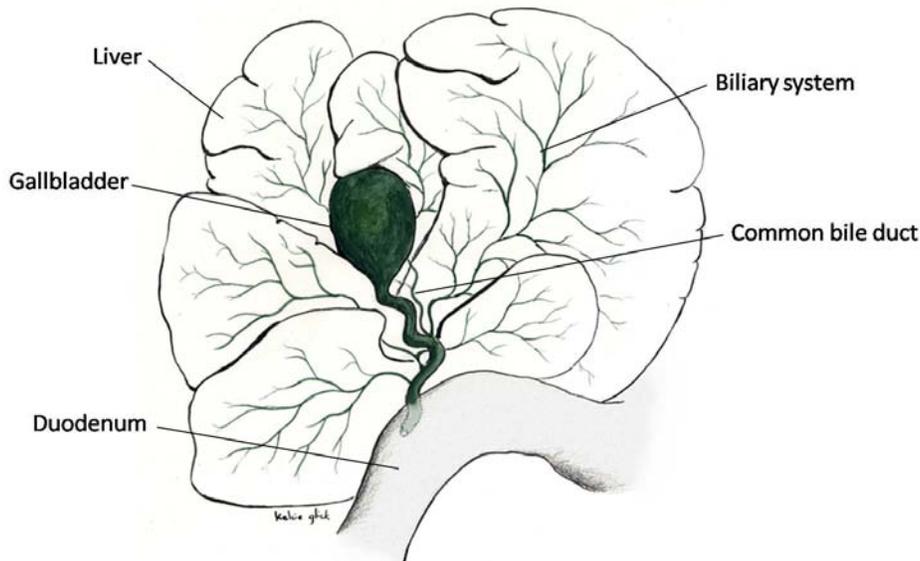


Veterinary Specialists of Alaska, P.C. Client Information Sheet: Cholecystectomy

Cholecystectomy

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Cholecystectomy is removal of the gall bladder. It is a technically demanding procedure that requires thorough knowledge of the regional anatomy and appropriate tissue handling techniques for a successful outcome. The gall bladder is a storage vessel for bile. Bile is produced by the liver and is necessary for the proper digestion of fats.



Drawing of the liver and biliary tract. Bile is formed in the liver, stored in the gallbladder, and then transported through the common bile duct into the duodenum, where it helps with the digestion of fats

Indications: The most common indications for cholecystectomy are cholecystitis (severe inflammation or infection of the gall bladder) and cholelithiasis (formation of stones within the gall bladder). The common bile duct is the passage between the gall bladder and the first part of the small intestine called the duodenum. This duct can be obstructed by stones (choleliths) or thickened bile. Additionally, the gall bladder itself can fill with bile that turns to a gelatinous texture and obstructs the flow of bile. This is called a biliary mucocele. In some patients, the gall bladder may rupture and leak bile into the abdominal cavity causing severe inflammation throughout the abdomen. This is called bile peritonitis.

Clinical signs and diagnosis of biliary obstruction: Patients with obstructive biliary disease generally exhibit depression, loss of appetite, dehydration, vomiting and abdominal pain. Most patients are icteric (jaundiced or yellow) owing to the extreme levels of bilirubin in the blood stream. Icterus is most evident in the whites of the eyes, gums and insides of the ears. Blood test abnormalities can include hepatic (liver) enzyme elevations and increased bilirubin. Prolonged obstructive biliary disease can result in deficiencies in blood clotting factors thus increasing the tendency to bleed inappropriately.



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Treatment: As stated previously, the gall bladder is the storage vessel for the bile. If bile sits in the gall bladder for an extended period of time, sludge will form. In some patients choleliths (gall stones) will form. Removal of the gall bladder prevents biliary stasis thereby preventing sludge and stone formation. The bile will constantly be recirculated.

For a cholecystectomy to be performed, the common bile duct must be patent. If it is not patent, the bile that is formed will have no place to go and the patient will die. Therefore, prior to removal of the gall bladder the common bile duct must be flushed and cleaned out to restore its patency. This is done by opening the duodenum and identifying the location where the bile duct enters the intestine. A small catheter is then passed into the common bile duct and saline is flushed through it. Following removal of the gall bladder, the biliary catheter is removed and the intestinal incision is closed.

Post-operative care: These patients require intensive care following surgery and they should be managed in an appropriate 24-hour critical-care facility. Intravenous fluid therapy is continued until the patient is able to eat and drink enough to maintain hydration.

Pain is controlled with appropriate analgesic medications.

Antibiotics generally are continued for 2 weeks following surgery. This is especially important in the presence of bile peritonitis.

Follow-up: Re-evaluation is performed one or two weeks after surgery. Skin staples can be removed at this time if healing has progressed adequately.

Prognosis: The prognosis depends highly on the pre-operative condition of the animal. In stable animals, the prognosis is excellent with appropriate surgical technique

We hope that this information pamphlet was helpful to help you understand more about fracture treatment in small animal surgery. Please do not hesitate to call or ask at your next appointment if you have any questions or concerns.

Your VSOA Team

Frequently asked questions after surgery