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A STUDY ON CLINICAL PRESENTATIONS IN PATIENT WHO UNDERWENT LAPAROSCOPIC CHOLECYSTECTOMY IN JLNMCH, BHAGALPUR, BIHAR

General Surgery

Dr. Hari Shankar Prasad Assistant professor, Department of Surgery, Jawaharlal Nehru Medical College, Bhagalpur, Bihar 812001

Dr. Pradip Kumar Bazaz* Assistant professor, Department of Surgery, Jawaharlal Nehru Medical College, Bhagalpur, Bihar 812001 *Corresponding Author

ABSTRACT

Background: Laparoscopic cholecystectomy has become the main stay treatment of Cholelithiasis. Even after undergoing surgery for gallstones, many patients present with symptoms of abdominal pain, dyspepsia, vomiting etc. this study is done to find out the common presentations of patients coming to OPD after LC and trying to find out the reasons behind the symptoms.

Materials and Methods: The study was done in Department of Surgery, Jawaharlal medical college Bhagalpur Bihar, from January 2018 to November 2019. In this study, 75 cases were taken who had undergone laparoscopic cholecystectomy in our hospital and presented with symptoms in OPD. The symptoms were analysed.

Results: The study showed that the females were more than males M:F 1:1.7. Average age group of presentation was 35+/- 2 years. The most common presentation was Abdominal pain in 60% of the patients. Other symptoms were dyspepsia in 25% of cases, Nausea and vomiting, fever, jaundice, Diarrhoea. Causes of the symptoms were found out to Retained CBD stones, Bile duct injury, Peptic ulcer, pancreatitis, port site hernia. There was no mortality.

Conclusion- It was concluded from the study that we should monitor the patients post operatively and whenever they show up with some symptoms, it has to be evaluated to find out the root cause and start the appropriate management.

KEYWORDS

Laparoscopy, Cholecystectomy, Post cholecystectomy syndrome, Abdominal pain, Gallstones

INTRODUCTION-

Gallstone disease is the most common disease in Indian population and moreover most common in region of Bihar state of India. Hundreds of laparoscopic cholecystectomies are done every year across state. As of now LC is the best treatment for cholelithiasis with very less post operative complaints, but still many patients came back to OPD with symptoms. The symptoms with which patients presents after LC are called as Post cholecystectomy syndrome. Post cholecystectomy syndrome was described by Womack and Crider for the first time in 1947 as "the presence of symptoms after cholecystectomy".

Post-cholecystectomy syndrome (PCS) defined as symptoms of biliary colic or persistent right upper quadrant (RUQ) abdominal pain with or without dyspepsia, which are similar to that experienced by the patient before cholecystectomy.

PCS is very stressful to patients after they know that they had undergone the best surgical treatment of cholelithiasis. But if patient presents with PCS then we have to investigate thoroughly. There are many modalities of identifying the root cause of the PCS in all the patients which includes ultrasonography, computed tomography (CT) scan, endoscopic retrograde cholangio pancreatography (ERCP), and magnetic resonance cholangio pancreatography (MRCP). The symptoms are thought to be due to the following supposed reasons, (i) Missed out stones (ii) intra operative injury to bile duct (iii) Pancreatitis. In this study we want to know the most common causes of the symptoms with which patients presents and try to make further amendments to reduce such kind of post op symptoms which are discomfort to the patients.

MATERIALS AND METHODS:

The study was done in Department of Surgery, Jawaharlal medical college Bhagalpur Bihar, from January 2018 to November 2019. In this study, 75 cases were taken who had undergone laparoscopic cholecystectomy in our hospital and presented with symptoms in OPD. The symptoms were analysed.

Inclusion criteria- All age group, Both gender, Status post Laparoscopic cholecystectomy

All the patients who presented with clinical symptoms status post LC, were analysed according to the complaints and appropriate investigations were done.

RESULTS-

The study included 75 cases status post laparoscopic cholecystectomy.

The number of female patients were more in both the group than males. The M:F was 1:1.6.

Average age group of presentation was 35+/- 2 years.

The most common presentation was Abdominal pain in 60% of the patients.

Symptoms with which patients presented with

1	Abdominal Pain
2	Dyspepsia
3	Nausea & Vomiting
4	Fever
5	Jaundice
6	Diarrhoea

The patients with post cholecystectomy symptoms were investigated and following were the causes found-

1- Retained CBD stone
2- Bile duct injury
3- Bile leakage
4- Pancreatitis
5- Peptic ulcer
6- Port site hernia

DISCUSSION-

Laparoscopic cholecystectomy has now become the most common surgery performed with very few side effects. Laparoscopic procedures have reduced patient morbidity, shortened the hospital stay and early return to normal activity. We know only the good aspect of Laparoscopic cholecystectomy but even it has some effects on patient health post operatively. The clinical features which patient presents are termed under the word PCS. Number of radiological, pathological, surgical modalities are involved in diagnosis.

Post cholecystectomy symptoms is a new emerging term which has to understood by all the surgical fraternity. Post cholecystectomy patients presents with number of clinical symptoms. Each one symptom has to evaluated thoroughly and the exact cause has to be found out. We can not underestimate the symptoms and neglect them. All the symptoms need careful further investigations Prior attacks of acute cholecystitis have been found to be significantly associated with PCS and the mechanism by which acute cholecystitis leads to PCS has been proposed by the theory of referred pain from the gallbladder (which can persist for years due to central neuroplastic changes), continuing or

manifesting post-operatively. There are many proposed causes for symptoms after LC (e.g., biliary causes, pancreatic causes, other gastrointestinal disorders, or extra intestinal disorders) or listed all diagnoses individually (e.g., peptic ulcer disease, hiatus hernia, gastroesophageal reflux, residual stones, strictures, and SOD. Newly formed symptoms will often start shortly after LC but can persist and become a long-term problem. Patients with surgical complications should therefore be monitored at the outpatient clinic to obviate persisting symptoms, and surgical, endoscopic, or medical treatment can be started timely. Cholecystectomy itself is associated with many physiological changes in the upper gastrointestinal tract that may account for the persistence of the symptoms or the development of new symptoms after gallbladder removal.

CONCLUSION-

It was concluded from the study that we should monitor the patients post operatively and whenever they show up with some symptoms, it has to be evaluated to find out the root cause and start the appropriate management. there is a need for larger series or multicentric trials to understand in a better way, the physiology of altered bile flow and symptoms after LC and the cause of persistent, long-term symptoms in such patients.

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