



PROF. MOSES GALUKANDE
GENERAL SURGEON

GALL BLADDER DISEASE

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What commonly goes wrong with the Gall bladder?

To start with, the gall bladder is a sac like organ, found beneath and attached to the liver. Its primary job is to store bile manufactured from the liver to be used in the digestion of fat. Upon ingestion of fat, the gallbladder releases the bile in it through an adjoining duct (tube) into the small intestines, specifically a part of the small intestines called the duodenum. The bile mixes with the fat, cuts it down into bits that the rest of the intestines can absorb into the body for use.

One of the commonest afflictions of the gallbladder is the formation of stones in it. These stones are a mix of salts and other debris that is filtered through the liver. When these stones sit in the gall bladder, they rub into its wall (inner lining) and induce inflammation. Inflammation translates into pain in the upper part of the abdomen just below the rib cage on the right. Tissue inflammation consists of swelling, congestion, heat and redness, all these happen on the inside of the abdomen in the gall bladder.

Once the inflammation sets in, each time after a meal is ingested, the action of releasing bile from the gall bladder will induce intense pain. Avoiding fatty meals rests the gall bladder and therefore reduces the pain attacks. This inflammation may be made worse by a bacterial infection superimposing on the presence of stones. Occasionally, it is also possible to have inflammation with no stones.

The risks for developing gall stones include, but are not limited to the female gender, commoner among women, mostly in their forties, women who have had children and are

overweight. Men are not exempted, though. The other associated risk factors are an excess of fat in the blood commonly known as cholesterol. To find out if you have high cholesterol is by doing a laboratory test called a lipid profile.

What a patient with gallstones is likely to complain about, is pain in the upper abdomen, worsened by taking a fatty meal. Though often most mistake these symptoms for 'ulcers' and therefore would have 'eaten' a lot of antacids before an ultrasound reveals the presence of gallstones; because occasionally 'ulcers' co-exist with gall bladder diseases, an endoscopy is performed to exclude this possibility. Endoscopy is a specialized gadget used to inspect the inside of the food pipe, stomach and intestines.

Once present and symptomatic (causing trouble), the permanent solution is to take out the entire gallbladder with the stones. Removing only the stones without the gall bladder will certainly end up in a recurrence (stones forming again).

Now days, there are two options of removing the gallbladder with its stones, the open method where a large incision is made on the tummy, up to 10-15cm and option two is keyhole also called minimally invasive or laparoscopic surgery, where a couple of tiny 1cm each stab incisions are used.

For the majority of patients, the surgery goes well and all symptoms resolve and life goes back to normal. Both options the open and keyhole are ably done in Uganda. There is now sufficient expertise and equipment in several hospitals.