

PERCUTANEOUS CHOLECYSTOSTOMY

Information for patients

Introduction

- Surgical (open or laparoscopic) cholecystectomy or removal of gallbladder is the usual treatment for acute cholecystitis.
- The operative risk is very high in patients with poor medical or general condition.
- Percutaneous cholecystostomy provides an alternative.
- The objective is to drain out the infected material or pus from the gall bladder in order to delay or obviate the surgical operation.
- Cholecystostomy is performed under imaging guidance by radiologists with special training in interventional radiology.
- The technical success rate of percutaneous cholecystostomy is high, usually over 90%.
- In 60-90% of patients, the clinical condition would improve.
- Some patients (10-85%) would need an operative cholecystectomy at a later stage.

Procedure

- It is performed under local anaesthesia, and it takes approximately an hour.
- A needle is inserted into the gallbladder under ultrasound guidance. The same needle puncture site is serially dilated and finally a larger bore soft drainage catheter is placed into the gallbladder.
- The catheter may be either a self-retaining catheter, or it may be sutured in place, and be connected to a plastic bag.
- You would be monitored for vital sign (blood pressure and pulse rate) after the procedure.
- The catheter will be removed after at least 3-4 weeks or during cholecystectomy later.

Potential Complications

- Right shoulder pain due to diaphragmatic irritation - < 34%.
- Chills and Rigors – <17%.
- Transient bile leakage or haemorrhage - <15%.
- Bile peritonitis due to bile leakage – rare.
- Procedure related mortality is rare.
- Most patients who require cholecystostomy have generally poor medical condition. Overall mortality rate during hospitalization was reported to be up to 36%, although most are not procedure related.
- The overall adverse reactions related to iodine-based contrast medium is below 0.7%. The mortality due to reaction to non-ionic contrast medium is below 1 in 250000.

Disclaimer

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