Management of right upper quadrant pain
Causes of RUQ pain

Acute
- Gallstones/biliary
- Peptic
- IBS
- Chest
- Pyelonephritis/kidney stones
- Shingles
Causes of RUQ pain

Chronic
- Biliary
- Peptic
- IBS
- Renal
Investigations

FBC, U&E, LFT, CRP

Endoscopy
Ultrasound
Management

PPIs
If resistant refer to UGI

Gallstones
Refer to HPB
Gallstones

10 - 20% of population
300 acute admissions
550 in Leeds
60000 in UK
Biliary colic
Acute and chronic cholecystitis
Cholangitis
Obstructive jaundice
Biliary pancreatitis
When to refer

Acute  
- A/E or home
- A/E
  - Biliary colic
  - Cholecystitis
  - Cholangitis
  - Biliary pancreatitis

Elective  
- Before investigations
  - Quicker
  - After investigations
  - Rewarding
Laparoscopic cholecystectomy
Laparoscopic cholecystectomy & cholangiogram
Cholangiogram
Cholangiogram

Anatomy

Common bile duct stones 10%
Laparoscopic CBD exploration

Does not prevent injury but
Does minimize injury and allow recognition
Common bile duct stone
Laparoscopic transcystic exploration of common bile duct
Clear CBD
Laparoscopic CBD Exploration
Options

1) Pre op MRCP
ERCP (3 – 10% compl)
Lap chole

2) Lap chole, cholangiogram & CBD exploration
Cholescintigraphy using 99mHIDA to demonstrate gallbladder ejection fraction (GBEF)
The Investigation and Management of Gallbladder Dysfunction
Results

120 patients
50% gallstones
97% inflamed gallbladder on histology
82% disappeared or improved symptoms
Do I need my gallbladder?

No
CBD dilates
Loose motions
Indigestion
Post cholecystectomy

Normal diet
Pain free

Laparoscopic: Day case or overnight stay
80%
Off work for 2 - 21 days
Day case laparoscopic cholecystectomy

n=150

<table>
<thead>
<tr>
<th></th>
<th>Increased stay</th>
<th>Late admissions</th>
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<tbody>
<tr>
<td>Day stay</td>
<td>18.3%</td>
<td>2.9%</td>
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<tr>
<td>Overnight</td>
<td>18.3%</td>
<td>4.2%</td>
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</table>

Average time back to normal activities 12 days

Hollington et al Australian & New Zealand Journal of Surgery 1999
Why Wharfedale or Spire

Clean
Accessible
Personal
Attention to detail
Friendly
Efficient

Outpatients
Preassessment
Surgery
Acute and elective cholecystectomy
Patient outcomes (2007)

Patients admitted with acute biliary symptoms

264 patients with 280 admissions

- Acute cholecystitis: 114
- Biliary colic: 124
- Cholangitis: 10
- GS Pancreatitis: 32

Acute lap chole: 161
No acute lap chole: 103
Cost Analysis

<table>
<thead>
<tr>
<th>HRG Tariffs</th>
<th>&lt; 70 no cc</th>
<th>≥70 or with cc</th>
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<tbody>
<tr>
<td>Acute lap chole</td>
<td>£3,219 G14</td>
<td>£4,864 G13</td>
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<tr>
<td>Elective lap chole</td>
<td>£1,837 G14</td>
<td>£2,371 G13</td>
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<tr>
<td>Biliary tract disorders</td>
<td>£1,380 G19</td>
<td>£1,995 G18</td>
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<tr>
<td>Pancreatic disorders</td>
<td>£2,093 G23</td>
<td></td>
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<tr>
<td>Cost of acute surgical bed/day</td>
<td>£180</td>
<td></td>
</tr>
<tr>
<td>Of 152 acute lap choles</td>
<td>&lt;70; n= 123</td>
<td>≥70; n= 29</td>
</tr>
</tbody>
</table>
Would you believe it!!
Mr Andrew Smith
HPB Surgeon

Mr Giles Toogood
HPB Surgeon

Spire Clinic
Monday  1800hrs

Tuesday  1800hrs

Friday  1700hrs

Tel: 0113 218 5668
Outcome data

- Laparoscopic cholecystectomy: 4550
- Conversion rate elective: 3%
- Conversion rate acute: 10%
- Acute procedures: 26%
- Day surgery: 90+%
- Bile duct injury: 0%
Fig 4 Risk modelling using simulation procedures.

Harrison E M et al. BMJ 2012;344:bmj.e3330
Summary

Low threshold
Urgent treatment of acutes
Immediate treatment of CBD stones
Day surgery
Fast recovery
Specialist operation