ECRONICON OPEN ACCESS

EC GASTROENTEROLOGY AND DIGESTIVE SYSTEM

Editorial

Gallstones in Bariatric Surgery Patients: The Surgical Approach Underrated

Ammar Alkattan* and Alaa Aldirani

Department of Surgery, Damascus Hospital, Damascus, Syria

***Corresponding Author**: Ammar Alkattan, Consultant of HBP and General Surgery, Damascus Hospital, Damascus, Syria.

Received: November 01, 2017; **Published:** December 05, 2017

Gallstones (GBS) are common. 10% to 20% of population will develop stones at some time [1]. The majority will not develop symptoms, up to 80% will never experience biliary pain or complications such as acute cholecystitis, cholangitis, bile duct obstruction, or pancreatitis [2]. But the gallstone disease is the leading cause for hospital admissions related to gastrointestinal problems [3] that has increased more than 20% over the last 3 decades [4] and fortunately, the mortality rates have steadily diminished over the given period and this decline represents the greatest decrease for any digestive disease [5].

Gallstones post bariatric surgery are much common. 25% to 55% of post bariatric surgery patients will develop stones during first postoperative year [6]. Up to 75% will not develop symptoms [6]. But the complicated gallstone disease requiring emergency laparoscopic cholecystectomy (Lap Chole) is a significant health problem in these group with higher rate of Intraoperative Cholangiography (IOC) and Postoperative Endoscopic Retrograde Cholangio-Pancreatography (ERCP), and longer hospital stay compared with the Lap Chole in non-bariatric surgery patients [7].

After IRB approval, 1872 patients who underwent bariatric surgery (only Roux-en-Y Gastric Bypass and Sleeve Gastrectomy included), between 2006 and 2012 at two centers of excellence (Government and Private at Damascus, Syria) were identified and their data reviewed. Age, gender, body mass index (BMI), pre-bariatric procedure gallbladder screening report, pre-cholecystectomy pathologic diagnosis, urgency of cholecystectomy, the time interval between the bariatric procedure and the cholecystectomy, conversion rate, IOC and Postoperative ERCP rate, and hospital stay were recorded [7].

As the detailed data and results of the mentioned study are beyond of this page scope and since it is going to be published later, must to state that 486 of these patients required Lap Chole during follow up ranged between 2 weeks and 48 months and the incidence of cholecystectomy is highest during the first 12 months after bariatric surgery and is overall 26% which is far higher than the international rate 6% [8].

The gist I intend to draw attention is related to the controversial following points which have important implications for preoperative counseling of patients undergoing bariatric surgery [7]:

- Gallstone-related health problems in post-bariatric patients are of significance enough to recommend them the concomitant cholecystectomy (presuming that GBS diagnosed pre- or intra bariatric procedure).
- The rate of post-bariatric procedure gallstones formation is high enough to seriously offer the patients the concomitant prophylactic cholecystectomy.
- Gallstones-related complications in post-bariatric patients are higher than other groups' pushing us to consider any confirmed post-bariatric GBS is a worthy indication for cholecystectomy.
- The pre-bariatric procedure GBS screening is vital and to disregard it should be considered as somewhat malpractice.

Finally, from the surgeon's perspective, the GBS approach in bariatric patients carries a lot of controversy, challenges, peccadilloes and probably malpractice.

Bibliography

1. EJ Gibney. "Asymptomatic gallstones". *British Journal of Surgery* 77.4 (1990): 368-372.
2. GH Sakorafas., *et al*. "Asymptomatic cholelithiasis: is cholecystectomy really needed? A critical reappraisal 15 year after the introduction of laparoscopic cholecystectomy". *Digestive Diseases and Science* 52.5 (2007): 1313-1325.
3. NJ Shaheen., *et al*. "The burden of gastrointestinal and liver diseases, 2006". *American Journal of Gastroenterology* 101.9 (2006): 2128- 2138.
4. EA Shaffer., *et al*. "Epidemiology and risk factors for gallstone disease: has the paradigm changed in the 21st century?" *Current Gastroenterology Reports* 7.2 (2005): 132-140.
5. Everhart JE and Ruhl CE. "Burden of digestive diseases in the United States part I: overall and upper gastrointestinal diseases". *Gastroenterology* 136.2 (2009): 376-386.
6. W Manatsathit., *et al*. "The incidence of cholelithiasis after sleeve gastrectomy and its association with weight loss: A two-centre retrospective cohort study". *International Journal of Surgery* 30 (2016): 13-18.
7. "Gallstones Disease in Post Bariatric Surgery Patients: Preventable Health Problems". Damascus Hospital Library Journal 1512-2016.
8. Z M Keilani. "What Are the Incidence and Timing of Cholecystectomy After Bariatric Surgery?" Carolinas Medical Center (2012).

Volume 4 Issue 4 December 2017