

ENGLISH SUMMARY

Despite the generally excellent results from gall bladder surgery, 4 % - 40 % of all patients undergoing cholecystectomy will have subsequent complaints.

Erroneous or incomplete diagnosis; diseases of contiguous or adjacent organs as Liver, pancreas & common bile duct, may lead to continuation of pre-operative symptoms.

Post-cholecystectomy symptoms may be also due to failure of surgical procedures as residual ductal atones or overlooked neoplasm or due to faulty surgical procedure in the form of injury to the common bile duct, choledochoduodenal fistula & cystic duct stump remnants.

Physiological disorders due to removal of functioning gall bladder or dyskinesia of the sphincter of Oddi may lead to postcholecystectomy distress.

Surgeon must be aware of the normal anatomy and the incidence and types of anomalies at this important area for safe cholecystectomy.

Normal physiology and physiological changes after cholecystectomy are also important to be known.

In all cases of postcholecystectomy syndrome extensive clinical, Laboratory and reontgenographic evaluation is required.

Ultrasonography, computed tomography, intravenous cholangiography, flexible choledochoscopy, percutaneous transhepatic cholangiography & ERCP are very helpful in the diagnosis of the cause of postcholecystectomy syndrome.

Once the cause of the distress is diagnosed, it must be treated specifically.