Introduction

The gall bladder stores and concentrates the bile secreted by the liver. It is a globular or pear shaped viscus with a capacity of about 50 mL, and consists of three parts fundus, body and neck. It lies in the gall bladder fossa on the visceral surface of the right lobe of the liver, adjacent to the quadrate lobe ***(McMinn, 1995).***

Bile is transported in and out of the gallbladder through a short duct, the cystic duct. The duct contains a spirally arranged outgrowth of mucosa, which forms the spiral valve of Heister ***(Smadja and Blumgart, 1994)***.

The sphincter valve at the neck of the gallbladder allows a storage capacity of 35 to 100 ml ***(Grant.,1994).***

Cholecystectomy proved successful in treating the symptoms of biliary colic and cholecystitis in 80-95% of patients with stones.It is the primary operation for gallbladder disease***(Smith., 1981).***

In 15 percent of patients cholecystectomy fails to relieve the symptoms for which the operation was performed***.(Dowidar et al.,2004).***

Womack and Crider first described postcholecystectomy syndrome, defining it as the presence of symptoms after cholecystectomy***.(steen et al.,2005)***.

The term is applied when the patient still complains of pain or dyspepsia following surgery. It is due to sad diagnosis, sorry surgery or biliary dyskinesia ***(Lawrence.,1994).***

About 10 to 15% of people who have there gallbladder removed develop postcholecystectomy syndrome. This comes to about 50000 new cases of postcholecystectomy syndrome a year***.(Anand et al.,1995).***

It is important to exclude the presence of objective organic disease in the biliary tract as far as possible and then to offer these patients treatment for underlying problems ***(Tulassay et al.,1981).***