

surgical aspects of gaundice

el sayed abd el latife hassan

Biliary tract surgery provides a fair trial, and it may be said that diagnosis is usually straightforward enough, it is seldom difficult to decide whether or not an operation is necessary and the surgeon is not often faced with technical problems which result in hazard to the life or health of the patient. For these reasons most patients who undergo surgery of this kind have a successful operation and are relieved of their symptoms. There are exceptions, however, and if anything does go wrong with an operation upon the gall bladder or bile passages, or if the cause is medical rather than surgical, the result is not likely to be a minor nuisance to the patient but a life threatening catastrophe. The dangers are not only those relating to operative technique. Such as the well-known hazard of injury to the common bile duct during cholecystectomy; they include the dangers inherent in unsound judgment or incorrect diagnosis which may result, for instance, in the surgeon finding himself seeking a stone in the bile duct of an ill, jaundiced patient and finding a hepatic necrosis. The bad results of biliary tract surgery may include the following: 1. The inclusion of the following disorders of function of the biliary tract in the absence of organic disease are anything but rarities. Unsuccessful biliary tract surgery usually results from one of the following three causes. 1. The operation should not have been performed; for example, cholecystectomy for non-calculous, cholecystitis or the patient's symptoms being a hiatus hernia, duodenal ulcer, diverticulitis coli or an unfavourable husband. 2. The operation has been inadequately performed; cholecystectomy for calculous cholecystitis but stones left in the common bile duct. 3. The operation has been improperly performed; for example, damage to the common hepatic duct leading to a stricture. We will deal in that research the surgical aspects of jaundice. It contains nine chapters. The first chapter deals with anatomy, histology and embryology of liver, duodenum, pancreas, biliary system. Chapter two deals with physiology of jaundice, metabolism of bile, excretion. Chapter three deals with etiology and types of jaundice. Chapter four deals with investigation and diagnosis of jaundice. Chapter five deals with pathology of jaundice. Then we deal with management, etiology, in venous obstruction or some cases of obstructive jaundice.

such as stone or, common bile duct, stricture of common bile duct, liver tumour, cancer head of pancreas and ampulla of Vater.