STANDARD TREATMENT WORKFLOW (STW)

Gall Stone Disease

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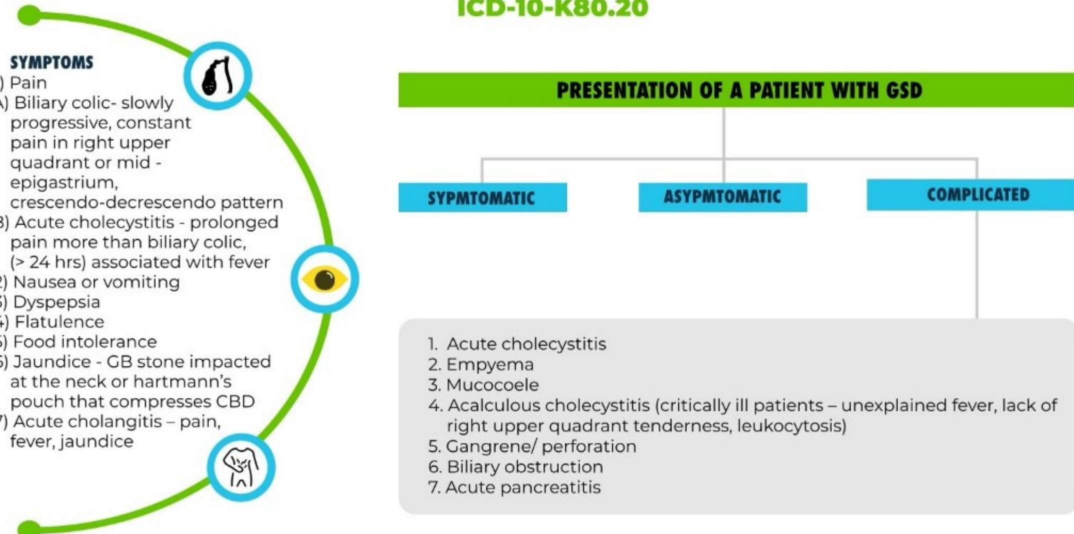
July/ 2022

Standard Treatment Workflow (STW)

GALL STONE DISEASE

ICD-10-K80.20



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GALL STONE DISEASE

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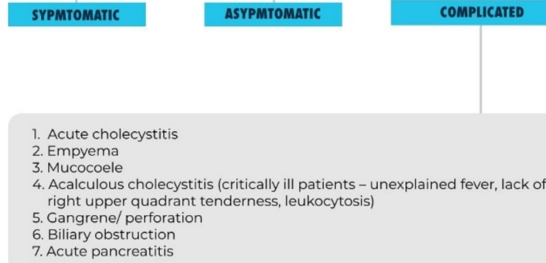
SYMPTOMS

1) Pain
A) Biliary colic- slowly progressive, constant pain in right upper quadrant or mid - epigastrium, crescendo-decrescendo pattern
B) Acute cholecystitis - prolonged pain more than biliary colic, (> 24 hrs) associated with fever
2) Nausea or vomiting
3) Dyspepsia
4) Flatulence
5) Food intolerance
6) Jaundice - GB stone impacted at the neck or hartmann's pouch that compresses CBD
7) Acute cholangitis – pain, fever, jaundice

PRESENTATION OF A PATIENT WITH GSD

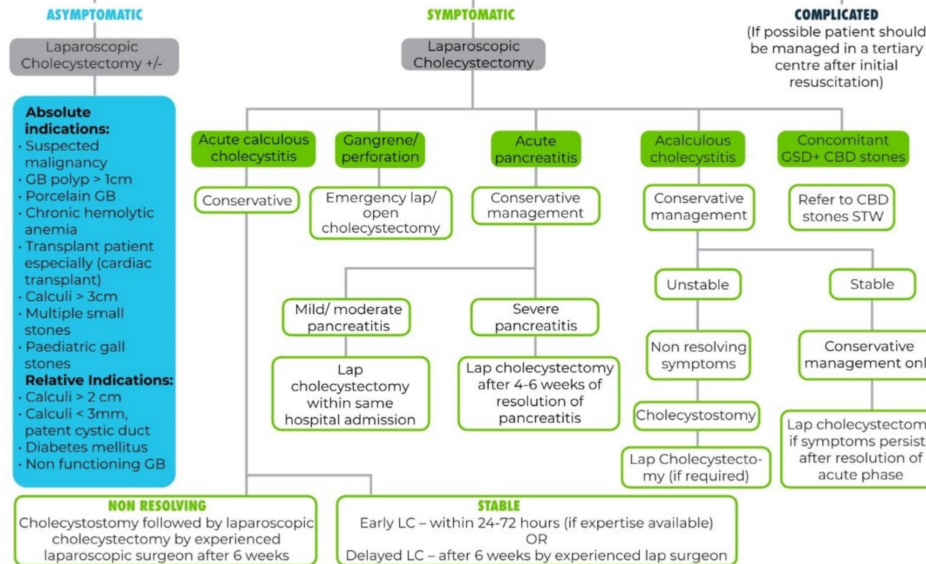


INVESTIGATIONS

Haemogram,RFT, electrolytes, CXR, RBS, ECG (to distinguish from cardiac pain)	· LFT–Serum bilirubin, SGOT/PT, Alkaline Phosphatase · Amylase, lipase	· USG abdomen–investigation of choice (sensitivity–95%) 1. To look for status of gall bladder and characteristic distal acoustic shadow 2. Status of liver/ CBD/ Intra hepatic biliary radicle dilatation (IHBRD) 3. Other intra abdominal pathology like renal stones, ovarian pathology etc

MRCP	EVALUATION OF COMORBIDITIES
Indications- jaundice, high ALP, dilated CBD (on USG), suspected CBD stones or mirizzi's syndrome (CBD obstruction caused by extrinsic compression from an impacted stone in cystic duct or Hartmann's pouch)	· DM – fasting & post prandial blood sugar, HbA1c, sugar charting · Cardiac evaluation – ECHO and other as required · COPD patient – PFT · Coagulation profile - PT/ INR · Thyroid function test

MANAGEMENT



MANAGEMENT OF ACUTE CHOLECYSTITIS (CONSERVATIVE)

At PHC level: initial resuscitation, IV antibiotics (3rd generation cephalosporin, metrogyl ± aminoglycosides), analgesics, bowel rest, USG abdomen (if available) and refer to higher centre	**At district hospital level:** IV hydration, antibiotics (3rd generation cephalosporin, metrogyl ± aminoglycosides), analgesics, bowel rest, USG abdomen, surgical consultation	**Tertiary level-** Early (if presents within 72 hrs)/ interval laparoscopic cholecystectomy depending on expertise in laparoscopy

POST LAP CHOLECYSTECTOMY COMPLICATIONS

· Patient not looking well, non ambulatory, not tolerating orally
· Pain out of proportion / not explained / not responding to analgesics
· Tachycardia, Fall in BP
· Abdominal distention, bile/ blood in drain

FOLLOW UP

· Suture removal after 1 week, HPE report
· Continue antibiotics – if mucocele, empyema, diabetic

CONVERT EARLY IN CASE OF DOUBT IN LAP CHOLECYSTECTOMY

REFER PATIENT EARLY IN CASE OF ANY DOUBT IN POST OP

ABBREVIATIONS

CBD: Common biles ducts
GSD: Gall stone disease
HPE: Histopathological examination
LC: Laparoscopic cholecystectomy
MRCP: Magnetic resonance cholangiopancreatography

KEEP A HIGH THRESHOLD FOR INVASIVE PROCEDURES

This STW has been prepared by national experts of India with feasibility considerations for various levels of healthcare system in the country. These broad guidelines are advisory, and are based on expert opinions and available scientific evidence. There may be variations in the management of an individual patient based on his/her specific condition, as decided by the treating physician. There will be no indemnity for direct or indirect consequences. Kindly visit the website of DHR for more information: (**stw.icmr.org.in**) for more information.
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