



Cholecystostomy

This information sheet explains about the procedure to insert a cholecystostomy. It describes what the procedure involves, the risks, and what to expect when you come to the Interventional Radiology department for treatment.

Please note that this leaflet is not meant to replace discussion between you and your doctor. You should raise any questions you may have with the doctor who has referred you for, or is performing, the procedure.

What is a cholecystostomy?

A cholecystostomy is a plastic tube inserted into the gall bladder when the gall bladder is blocked and has become infected. The commonest cause of a blocked, infected gall bladder is gallstones.

Why do I need a cholecystostomy?

Usually an infected gall bladder (cholecystitis) settles on its own with antibiotics but sometimes the antibiotics aren't enough to clear the infection. In these cases, a cholecystostomy may be required.

How do I prepare for cholecystostomy?

A cholecystostomy is a simple procedure and can safely be performed without the need to put you to sleep. Most patients tolerate the procedure with just local anaesthetic, but you can be given sedation if required.

How is a cholecystostomy performed?

The procedure involves inserting a needle through the skin and into the gall bladder using ultrasound or sometimes CT to guide the needle into place. The cholecystostomy will be inserted under sterile conditions. This means the staff doing the procedure will wear sterile gowns and gloves. In order to keep the area as clean as possible, the skin will be washed with antiseptic and sterile drapes applied to keep the area isolated.

Once the needle is inside the gall bladder, a wire is passed into the gall bladder and then a plastic drainage tube inserted into it. The infected fluid is then drained out into a bag which is attached to the cholecystostomy.

Who performs the procedure and where?

The procedure is usually performed by an Interventional Radiologist, who is a specialist doctor who performs minimally invasive, image guided surgery. It can be performed in several places depending on whether ultrasound or CT guidance is required. This decision is made by the person inserting the cholecystostomy.

What are the potential risks/complications of a cholecystostomy?

The procedure is very safe, as the needles and tubes used are very small, but there is a small risk of bleeding when the needle is inserted into the gall bladder. Usually this will stop by itself. Some people require a blood transfusion or, more rarely, a further operation or procedure to stop the bleeding.

Most tubes are placed passing through the liver due to the position of the gall bladder so there is a small risk of introducing infection into the liver.

Sometimes a cholecystostomy can initially make you worse due to introduction of small amounts of infection into the blood stream. Usually there is an improvement within 24-48 hours as the antibiotics start to have a greater effect. If there is leak of bile into the tummy, this can cause pain which can be managed with medication.



What happens afterwards?

Inserting a cholecystostomy and continuing antibiotics usually makes patients much better after a few days. Unfortunately, a cholecystostomy cannot easily be removed once a patient recovers, as this might result in a long-term leak of bile from the gall bladder. Therefore, the cholecystostomy tube is usually left in for 4-8 weeks to allow a tract to form before it is considered for removal.

The definitive treatment for patients with gallstones which causes gall bladder infections is a surgical procedure to remove the gall bladder (cholecystectomy), but sometimes it may not be possible to perform this operation due to ill health. Therefore, it is sometimes considered safer to leave the cholecystostomy in permanently to reduce the risk of reinfection.

There is however another procedure which can be performed, called cholecystoduodenal stenting, which might enable an otherwise permanent cholecystostomy to be removed.

Notes