Information Snapshot – **Dr Laurence Webber**

Update on the Gallbladder

Polyps

- Seen on 5-10% of Ultrasounds
- 70% are pseudopolyps (no risk of transformation)
- True adenomas have low risk of transformation
- >9mm – surgery if fit for laparoscopic cholecystectomy
- <9mm consider surveillance vs surgery pending risks
- Higher risk with
  - Age > 50
  - Indigenous Australians and North and South Americans, North India region, Poland
  - Presence of gallstones or known Primary Sclerosing Cholangitis
  - Symptoms
  - Focal wall thickening (sessile polyp)
  - Vascular polyp on USS
- Follow up schedule
  - <6mm no worrying features
    - → USS @ 1, 3, 5yrs
  - 6-9mm
    - → USS @ 6m, yearly for 5yrs
  - If polyp grows > 2mm per year or reaches 9mm – cholecystectomy
  - If polyp disappears can discontinue
- "estimated that the surveillance programme would prevent 5.4 gallbladder cancers per 1000 patients scanned annually" Ref Management and follow up of GB polyps Eur Radiol. 2017; 27(9): 3856–3866.

Common Bile Duct Stones

- Seen on 5% of Ultrasounds and up to 15% of intraoperative cholangiograms (higher risk if pancreatitis, pain + jaundice)
- Small stones are considered higher risk for passing and causing pancreatitis
- Larger stones may impact and cause jaundice, cholangitis
- Options for removal are ERCP or bile duct exploration during cholecystectomy
- ERCP risks include
  - Pancreatitis 10% mild, 1-2% severe
  - Duodenal perforation <1% rare
  - Need for repeat procedure ~10%
  - Ampullary stenosis and re ERCP in later life ~ 10%
- Bile duct exploration during cholecystectomy
  - Achieved laparoscopic clearance in >75% of cases
  - Stent can be placed facilitating ERCP if required
    - → (reduced pancreatitis rate)
  - Does not disrupt ampulla/sphincter of Oddi
  - Can be performed in patients post bariatric surgery (bypass precludes ERCP in post patients)

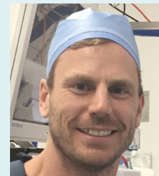
Shrunken Gallbladder / Re-operative Surgery

- Chronic cholecystitis causes anatomical distorsion
- High risk for bile duct injury if not appreciated
- 'Retained' gallbladder/gallstones seen more commonly due to subtotal cholecystectomy
- Laparoscopic reoperation is feasible and effective for treating symptoms
- Dropped gallstones can present with abscess/chronic inflammation in RUQ

About Dr Webber

Hollywood Medical Centre
Suite 41, 85 Monash Avenue
Nedlands WA 6009

T: **08 6389 0244**
F: 08 6389 0255



Dr Laurence Webber is a Laparoscopic and Robotic Hepatopancreaticobiliary Upper GI and General Surgeon who holds GESA accreditation for Upper and Lower Endoscopy and ERCP. He regularly consults at Hollywood Medical Centre and can see new cases within a day or two. He is available for urgent consultations as required.

Dr Webber works as part of a multidisciplinary cancer care team. He has public appointment as a Consultant Upper GI Surgeon at Fiona Stanley / Fremantle Hospitals, and provides a visiting service to Narrogin Hospital.

Click here for more information on Dr Webber

MR0021852 HPH INFORMATION SNAPSHOT - Update on the Gallbladder Dr Laurie Webber A4 0720