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# Ugi Scopy - A Vital Tool To Reduce The Occurrence Of Post-Cholecystectomy Syndrome

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**Abstract**

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## Introduction

Upper abdominal symptoms are more common in both gastroduodenal inflammatory disorders as well as gallstone disorders. To differentiate between both causes upper GI scopy plays a vital role.

**Aim:** This study aims to assess the preoperative role of UGI scopy and the treatment of associated disorders in reducing post-cholecystectomy syndrome occurrence rates in patients undergoing elective cholecystectomy.

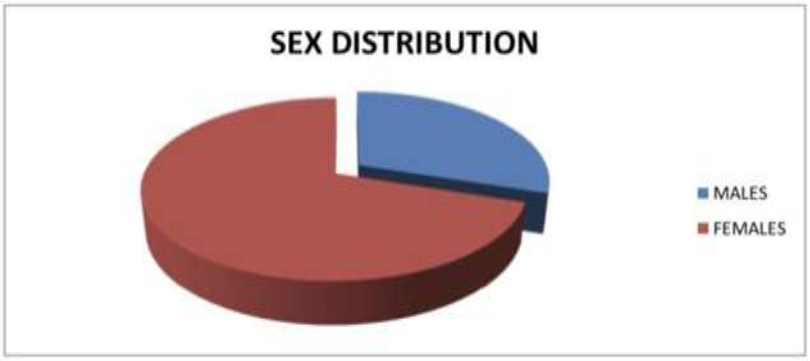
**Materials And Methods:** In this prospective study 40 patients diagnosed with symptomatic cholelithiasis undergoing elective cholecystectomy were divided into 2 groups GROUP A and GROUP B. The participants of group A (test) were subjected to UGI SCOPY before cholecystectomy and the participants in group B (control) were not subjected to UGI scopy and were directly posted for surgery.

Inclusion criteria: AGE 25-55 years, SEX: both male and female. Exclusion criteria: AGE less than 25 and above 55, immune-compromised individuals.

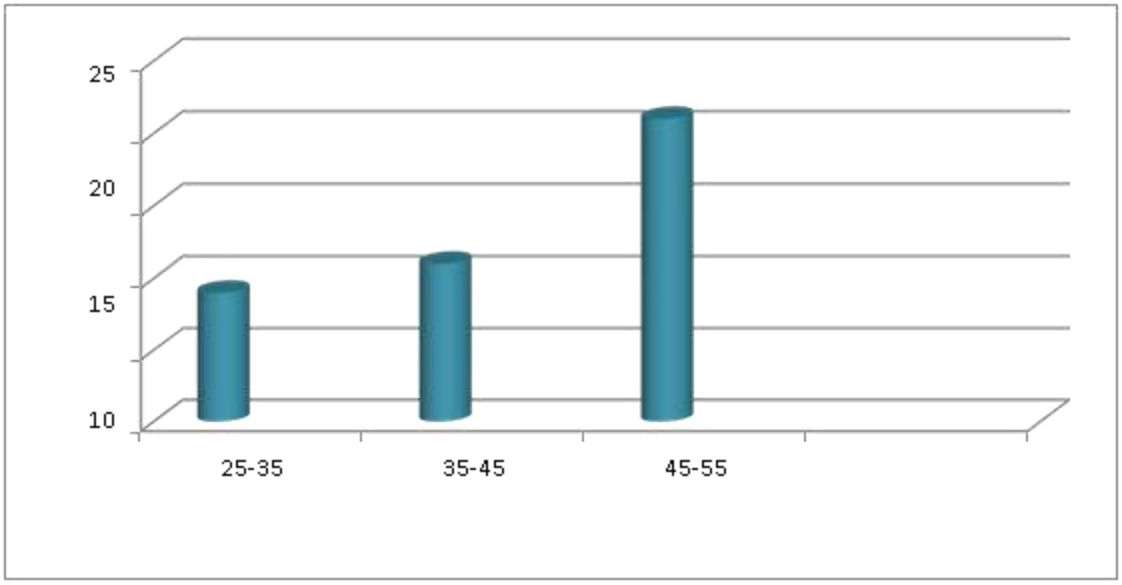
**Procedure: UGI SCOPY:** OGD is the most performed endoscopic procedure. Excellent visualization of the esophagus, gastro-oesophageal junction, stomach, duodenal bulb, and second part of the duodenum can be obtained. Retroversion of the gastroscope in the stomach is essential to get complete views of the gastric cardia and fundus. In addition to clear mucosal views, diagnostic endoscopy allows mucosal biopsies to be taken, which may either undergo processing for histological examination or be used for near-patient detection of *Helicobacter pylori* infection using a commercial urease-based kit.

## Observation And Results:

**Sex Distribution**: Patients with symptomatic and USG-proven cholelithiasis were separated based on sex and higher incidence was noted in females than in males. M: F ratio 2.2:1.




**Age Distribution:** In our study patients with cholelithiasis were more commonly observed in the age group of 45 – 55 and the mean age of presentation is 46.2 years. and incidence was lesser in the age group of less than 35 years.




**Predominance Of Habitual Influence On Symptoms:** In Predominance of habitual influence obesity was one of the most common factors for cholelithiasis followed by a sedentary lifestyle and alcoholism.

Pain and other symptoms were relatively higher in participants with obesity and having a sedentary lifestyle followed by alcoholics and smokers. No severe symptoms were noted in beetle nut chewers.



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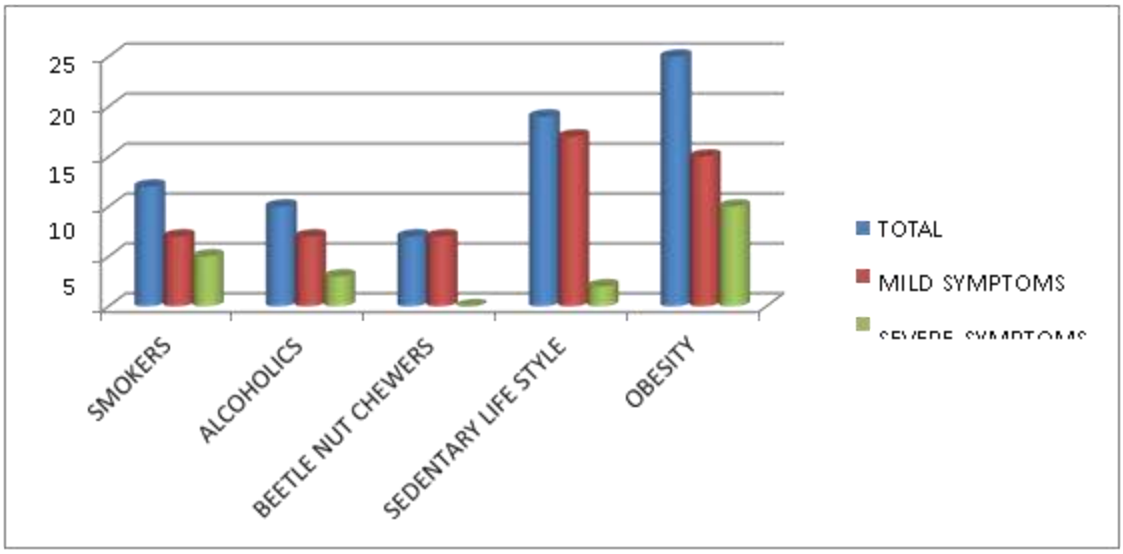
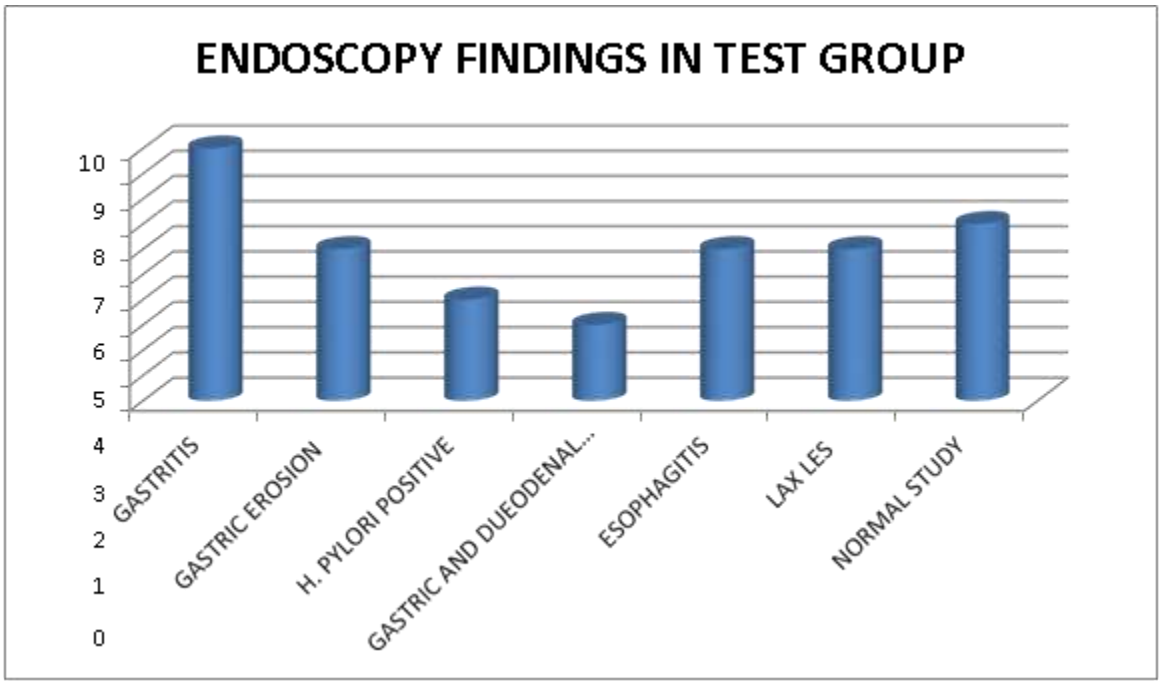



**Endoscopy Findings In Test Group:** Candidates in the test group underwent UGI scopy. multiple findings were noted in a few patients and the most common finding is gastritis (50%) followed by gastric erosions (40%). H PYLORI was positive in 20% of the test subjects. Lax LES and esophagitis were noted in 30% of the subjects and the normal study was noted in 40% of the test subjects.




**Post Cholecystectomy Syndrome In Control Group And Test Group:** Patients were followed up to 3 weeks and their pre and post-operative pain and other symptoms were assessed in both groups. Pre-operatively in both groups biliary colic was the main complaint followed by heartburn and regurgitation. Excessive burping was the least common complaint in our study.

postoperatively pain and symptoms were assessed in both the groups in which regurgitation was the most common complaint followed by biliary colic however all the symptoms were relatively less in group A (test group) when compared to group B (control group).



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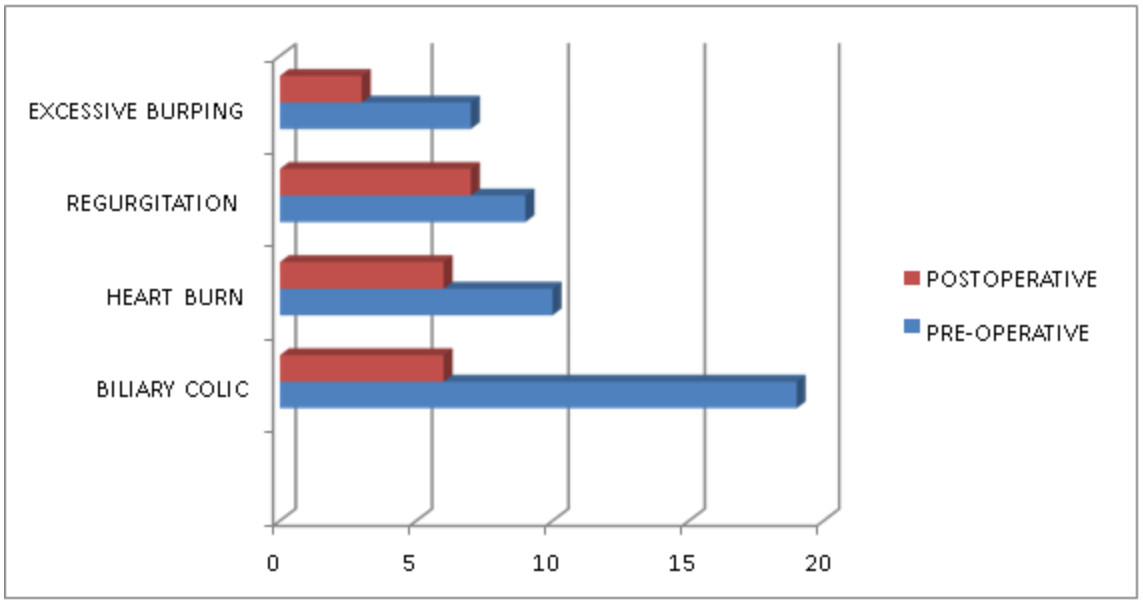


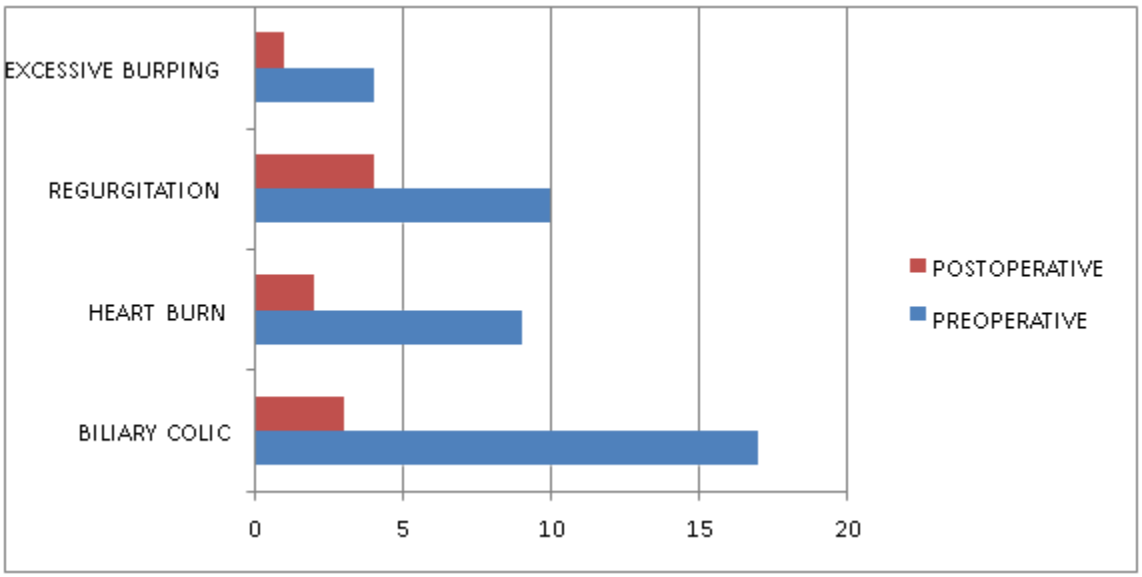


**Conclusion:** Clinical presentation of cholelithiasis and other upper GI diseases resemble each other. It is difficult to discriminate between upper GI symptoms due to cholelithiasis or any other upper GI conditions. Hence preoperative assessment of gastroduodenal status and its pathologies before cholecystectomy via upper GI endoscopy and treating them simultaneously can help to reduce the occurrence of post cholecystectomy syndrome.

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