Diseases in gall bladder
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Introduction

- The term “gallbladder disease” is used for several types of conditions that can affect the gallbladder

- The gallbladder is a small pear-shaped sac located underneath the liver

- Its function is to concentrate and store bile until it is needed for digestion

- Bile helps in digesting fats in small intestine

- The liver secretes 600-800 ml of bile per day that the gallbladder reduces to 60-160ml to store
Cholecystitis & cholelithiasis

When the gallbladder becomes inflamed the condition is called cholecystitis.

The presence of gallstones is called cholelithiasis.

Most gallstones form when the bile is too scant or too concentrated or contains excessive cholesterol.
Causative factors

- Heredity
- Hypercholesterolemia are associated with gallstones
- Women are three times more likely than men to have gallbladder disease
- A definite nutritional link is obesity
- A tentative link is low serum levels of ascorbic acid
Other risk factors

- Ileal disease or resection
  - Long term TPN

- Multiple pregnancies
  - Oral contraceptive use

- Impaired gallbladder motility
Symptoms

Pain in abdomen

Nausea & Vomiting

Fullness & distention after eating

Difficulty with fatty foods
Treatment
Dietary medical or surgical intervention are used depending on the individual case

Surgical removal of gallbladder

Medical management may be recommended who are poor surgical risks

If the patient is obese some weight loss before the surgery is advisable
Dietary modifications

The principle aim is to reduce discomfort by providing a diet restricted in fat

**Energy**: Excess caloric intake appears to be a risk factor for development of gall bladder disease

- If weight loss is indicated, kilocalories will be reduced according to need. Energy should be derived chiefly from carbohydrate
**Fat**: The patient receives no food initially during acute attacks of cholecystitis. Progression to a 20 gm fat diet is then made.

- If this is tolerated, the fat can then be increased to 50-60 gm daily. Thus improving palatability of the diet.

- In chronic cholecystitis, some degree of fat restriction is usually necessary. With restriction of fats, CHO are used most liberally.
• The reasonable approach to fat restriction is
• To select skim milk dairy products
• To limit fats and oils to 3 teaspoons per day
• To consume no more than 6 ounces of very lean meat per day
• Gas forming foods also are often poorly tolerated
• A moderate amount of alcohol protects against cholelithiasis