

Speaking for Myself

My tryst with destiny: Cholecystectomy and a bile duct injury

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'When God pushes you from a cliff, don't worry because only one of two things can happen—either He'll catch you or teach you how to fly!'

I am a medical student, my father is a surgeon and my mother a gynaecologist in a small town. I still remember that as a medical student, on the first day of our clinics, my professor of surgery had emphasized, 'We are here to prevent complications. Do not go by the statistics of the frequency of a complication. For you as a doctor, it may be only 0.1%, but for the patient and his family it is 100%.'

It all began when I was 19. I was in the third semester of MB,BS and life was sailing along quietly when in November 2006, I started having episodes of early morning abdominal pain. I ignored it for some time, as all of us do, but the pain gradually became continuous and persisted throughout the day. Finally, I decided to get it evaluated. An ultrasonogram (US) showed that I was suffering from acute calculous cholecystitis. It was a surprising diagnosis at my age, but I and my family were not too worried. My third semester examinations were approaching in January 2007 and we decided to get my operation done after my examinations. However, the pain gradually became worse and on 12 December 2006, I had to fly home. On 13 December, I was admitted to a reputed hospital and scheduled for a laparoscopic cholecystectomy the same evening. Little did we know how those 3 hours were going to unsettle our lives. It was a difficult cholecystectomy, with many adhesions, and the procedure was converted from a laparoscopic one to an open cholecystectomy.

After the surgery, I passed clay-coloured stools and the gall bladder (GB) fossa drain output was 250 ml of bile per day. It did not decrease, but I was discharged with the drain. The night of my birthday that December turned into a nightmare for me. I suddenly experienced a stabbing pain in my entire abdomen. I could neither move, nor lie down. Analgesics did not help and I sat through the whole night. An US done the next morning revealed the presence of about 500 ml fluid in my abdomen. I was immediately shifted to a larger hospital in a major city. By then, the GB fossa drain had stopped draining and hence, it was removed. A computed tomography (CT)-guided pelvic drain was placed and drained fluid for the next 5 days. However, the pain did not subside and I had to sit up throughout the day and night. An isotope scan showed a leak from the biliary system. An endoscopic retrograde cholangio-pancreaticography (ERCP) done a week later confirmed complete transection of the common bile duct (CBD).

This was the toughest moment of my life. It is in testing times like these that your family's support stands out and keeps you together. My parents were not only my support, but also my only strength. On 31 December 2006, an exploratory laparotomy was performed and the GB fossa drain was replaced. I was discharged

2 days later and asked to wait for 6 weeks for a hepatico-jejunostomy (HJ).

The waiting period almost broke me. I had missed my examinations and did not know what would happen next, and the pain kept coming back. I had lost a lot of weight, and anorexia and constipation were constant companions. To add to this, I had a new appendage—my bile bag. During this time, my younger siblings kept me ticking. In late February 2007, following a magnetic resonance cholangiography (MRC) and percutaneous transhepatic cholangiography (PTC), the HJ was planned. I was then admitted to another reputed hospital in a major city and underwent HJ on 14 March 2007. We believe it is tough to be on the operating side of the operation table, but being on the operation table itself is much tougher. I knew what my parents were going through. I wanted it all to end, for them at least. The HJ was done and my surgeons were satisfied. They had anastomosed the stump of the common hepatic duct (CHD) to the jejunum and they were happy that a single anastomosis was adequate.

However, the worst was yet to come. On the second postoperative day, I suddenly developed tachycardia (140 beats/minute), palpitation and dyspnoea, along with cyanosis. I was connected to a ventilator. A rare nosocomial bacterial killer had attacked me. I later read that only 10% of its victims survive. My lungs were full of transudates and had collapsed. The radiologist at the CT unit told my mother that there was hardly any hope left. My serum bilirubin had risen to 8.5 mg/dl. My parents, who were with me all this time, were shattered. At home, my siblings were anxious. I, meanwhile, slept through the worst 3 days of my life. Chest drains were placed on both sides and finally, I woke up 72 hours later. When I sit back and think now, I can find only one reason for my survival—too many people love me. God had to listen to them! When I woke up, I did not realize what had happened. I was told of this episode later. Thinking of those moments still brings back the agony. I felt extremely weak; speaking even one complete sentence was a tiring job. Recovery was, however, apparently quick and I was discharged 2 weeks after the operation, but with a T tube *in situ*. However, I was not well for long. I soon developed fever with severe chills and rigors. Intravenous antibiotics did not help, nor did antimalarials. I had to be readmitted for fever and was diagnosed to have a collection of about 100 ml in the GB fossa. The T tube had moved in to the jejunum and was removed. I started to recover and finally rejoined my college on 6 May 2007, after 5 months of absence.

We realized the future implications of all this much later. Over the next year, I had recurrent attacks of fever at intervals of 3–6 weeks. I could not gain much weight. The liver function tests (LFT) showed raised alkaline phosphatase. US and MRC kept showing mild dilatation of the biliary system, but the doctors insisted that all was well. I passed my second professional examinations in January 2008. In May 2008, however, the scourge returned. Just two days before my sixth semester examinations,

I developed a fever and my serum bilirubin went up to 8.5 mg/dl. I immediately flew back home, once again missing my examinations. This time, my surgeon decided to go for percutaneous dilatation of the anastomosis. The first session of dilatation on 6 June 2008 failed as the stricture was too tight. The doctors tried again 2 days later, but still could not pass the stricture. I was sent home to wait till the cholangitis subsided. The bile bag was back with me. It was all so sudden; I could not accept that another long dark tunnel lay ahead of me. This time, it was much tougher to accept the gravity of the situation.

Four weeks later, we decided to consult a leading interventional radiologist at another hospital in another major city. I was admitted to that hospital on 6 July 2008. The interventional radiological procedures were painful, each progressively more agonizing than the previous one, yet failing to negotiate the stricture. After several failed attempts, it was decided that surgery would be required. My earlier reports, when analysed here, revealed shocking results. Along with the strictured anastomosis, the right lobe of my liver had apparently atrophied. On 29 July 2008, a fourth operation was performed. The atrophied right hepatic lobe was excised and a stented HJ was done with the left bile duct. Another operation, another stay in the ICU. It was a fight with destiny that we could not afford to lose. I recovered well and was sent back home 2 weeks later with a stent that was draining bile outside. A month passed and in September 2008, the bile was re-routed internally with two biliary drains-cum-stents. The stents were going to be *in situ* for 1 year. Taking care of these two catheters was a hard job. Recurrent low-grade fever and the administration of intravenous antibiotics made it difficult for me to rejoin college. At home, my little brother and sister did their best to keep me in high spirits. I had to miss my third professional MB,BS examinations in December 2008.

Finally, in January 2009, I rejoined college. This time, I had gained weight and felt much healthier. Of course, taking care of the catheter was an everyday chore. Now I was away from home, but my friends were extremely helpful; without their support I could not possibly have stayed in the college.

In May 2009, I appeared for and passed the third professional part I examination, scoring 64%. Both my stents have now been removed. I have gained 9 kg, my LFTs are normal, I feel much healthier and just hope to be fine now.

I consider this to be my second life, my 'Renaissance', and I owe it to my family, friends and doctors. Without their dedication and unceasing support, I could not have come out of this dark nightmare. I still feel I am blessed to be loved by all of them.

During my ordeal, I missed five-and-a-half months of classes in the first phase of illness. This period included third semester classes and examinations. In the second phase, I missed the sixth semester examinations, seventh semester classes and third professional examinations in December 2008. Fortunately, my performance in the internal examinations helped me appear in the finals each time. I had scored 65% in the first professional examinations (before my illness) and 62% and 64%, respectively, in the second and third professional examinations (during and after my operations). I have not been permitted to appear for the final professional examinations in January 2010 because of my long period of absence. I will probably appear for these examinations in May 2010.

Following the initial hospitalization for a week during the

cholecystectomy, I was hospitalized in Delhi several times. The longest period of hospitalization was 15 days, at the time of the HJ, and included a 6-day stay in a surgical ICU. The definitive final surgery entailed an admission of nearly 6 weeks. Thereafter, I had to be admitted for review and change of stents every 3 months till July 2009, for about a week each time.

My parents, especially my mother, have been on leave for practically the entire period of my illness. My mother's accumulated leave has been exhausted. My father was on leave whenever I was in hospital. The total time is in months.

My two younger siblings, a 13-year-old sister studying in class 8 and a 10-year-old brother studying in class 5, are dependent on my mother for their daily needs. My parents' long absences from home during my hospital stays were trying times for them. They struggled for little things and their scholastic performance was adversely affected. This was the first time they managed without their parents for days and weeks. Despite the problems they went through, they were my closest friends and companions during this time. Also, throughout this trying period, my paternal grandparents were a major source of support. They lived in a big city, but shifted to our town to be with us during the entire episode. They took care of our home and my siblings in the absence of my parents.

It is at times like these that you discover your true friends. Almost every close and distant relative and friend came to see me during this period. Throughout these 2 years, I have had a lot of visitors, including my school teachers, my parents' colleagues and my friends.

Both my parents work for the government. While their insurance through their employer reimbursed a large part of the immense costs involved, it did not cover several costs, such as emergency air travel. It also did not compensate for the loss due to my parents' absence from work.

In the past 3 years, life has changed for me and my family. However, this phase of life has been quite educative. I learnt that one needs to treasure people who stand by one when one is in deep water. By no expressions will I ever be able to thank my family, my friends and my doctors. But I will owe this, my second life, to all of them.

COMMENT

I sincerely hope that the heart-rending account of this young girl, who sustained a bile duct injury (BDI) during laparoscopic cholecystectomy, will make my surgical colleagues realize and appreciate that (laparoscopic) cholecystectomy is not a simple operation and that a BDI can result in major morbidity, including repeated hospitalizations and interventions (including operations). It puts immense financial, mental, emotional and social stress on the family. A BDI can even cause death and Manali was fortunate to survive. For the surgeon, a BDI could result in a medico-legal suit. I urge every surgeon to take every precaution to make each and every cholecystectomy a safe one.

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