



# Interventional Radiology of the Gallbladder: Percutaneous Cholecystostomy

*James G. McNulty*

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Interventional Radiology has as its main goal the performance of surgical techniques using a percutaneous approach to simplify patient care. Percutaneous cholecystostomy now has many advocates; still, it is practised in comparatively few centers. Over many years it was used as a last resort at failed transhepatic cholangiography to provide images of the bile ducts in biliary obstruction. Transhepatic cholecystostomy is reputed to be safer than transperitoneal puncture, since bile leaks do not enter the peritoneum. The advocates of percutaneous cholecystolithotomy, almost without exception, favour subcostal cholecystostomy and puncture of the fundus of the gall bladder. There is no evidence of bile peritonitis after successfully making a track to the gallbladder 18 F in diameter or larger for stone removal. After 1-7 days a postlithotomy drain is removed from the gallbladder and the patient is allowed home. Transhepatic cholecystostomy for gallstone lysis, in contrast, requires only a 5-F track to the hepatic surface of the gallbladder. Loss of the gallbladder is not as great a fear with this technique as it is during dilatation of a subcostal track for cholecystolithotomy. During the latter procedure this may result in laparotomy to avoid bile peritonitis, while in the former, if the gallbladder is still visualised, the procedure may be recommenced immediately. Catheter dislodgement is a fear when prolonged catheterisation is considered.

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