

BOY BACK FROM DEAD AFTER BOTCHED GALL BLADDER OPERATION

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A successful surgery of most critical type of Benign Biliary Stricture (Type 4) with complete Biliary Fistula with past history of Biliary Peritonitis (5 litres of infected bile with septicaemia) with multi-organ failure: by Dr. Suddhasattwa Sen, GI & HPB and Liver Transplant Surgeon, Senior Consultant Fortis Anandapur Kolkata , West Bengal, India.

Arpan Saha, 15 Years male landed up with major complication of Gall Bladder Surgery in peripheral hospital with major bile duct and liver injury. Patient became moribund and was refused by several Tertiary Care Hospital before FORTIS ALONE decided to step in along with Dr. Sen & Team, did extremely high risk two surgeries: First 9 months back- Life saving one and Second 6 months later- the most difficult Biliary Reconstruction Procedure.

Now the patient is absolutely normal, back to his regular life and with his playful childhood activities. He is now on a 3 month follow up. Below is the coverage update by Times of India as appeared in the following publication:

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Boy back from dead after botched gall bladder op

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Kolkata: A botched gall bladder surgery nearly cost the life of a 15-year-old boy had it not been for the doctors at a private hospital in Anandapur. After multiple corrective surgeries and months of treatment, Garden Reach resident Arpan Saha is finally back on his feet but he missed his Madhyamik this year.

Arpan underwent a gall bladder operation at ESI Hospital in Budge Budge on June 2. What was supposed to be a simple and routine procedure had alarming consequences, with the boy's condition deteriorating in the next six days, his family said. Arpan was shifted to the better-equipped Manicktala ESI Hospital but as his health faltered, his family was asked to take him to a hospital with superior facilities. After a corporate hospital in Salt Lake reportedly refused admission, Arpan's finally took him to Fortis Hospital in Anandapur on June 11. The doctors there snatched him back from the dead.

The doctors found that Arpan's bile duct had been cut, and a portion removed along with his gall bladder. As a result, bile was leaking into his abdominal cavity, infecting his peritoneum, the inside lining of the abdomen. The boy had developed Waltman Walters Syndrome, in which bile accumulates in the right subphrenic (recesses in the cavity between liver and the diaphragm) or subhepatic space (cavity between liver surface and transverse colon). This led to biliary peritonitis, which is infection of abdominal organs.

"The boy had severe septicaemia with low BP, and failing lungs and kidneys were," said Dr Suddhasattwa Sen, consultant GI and HPB surgeon at Fortis Hospital. Dr Sen, with a team of anaesthetic and critical care experts, conducted an immediate high-risk laparotomy in which 5 litre infected bile was drained out and the leak partially repaired. Arpan was discharged on the eighth day with a drain tube and bag into which the bile was discharged outside.

After six months, a scan showed Arpan's right and left bile ducts were cut and separated. The re-constructive surgery was challenging on several counts: depth of the liver bypass area, poor liver condition, accessing the area was difficult due to fibrosis from biliary peritonitis. But the surgery on December 5 was a life-saver for Arpan who was discharged a week on.

Arpan Saha has recovered but had to miss his Madhyamik this year