



“Sensational Care” for the Unexpected

by Kristie Salvato Gibbs

Scott Franklino was alarmed when he discovered a lump the size of a golf ball in his stomach area. “I hadn’t been sick and wasn’t feeling bad at all,” said Scott. “I had no idea what was causing the lump, but I could feel it and it concerned me. I knew a lump wasn’t right and it needed to be checked out immediately.”

Scott had previously been treated by Dr. John Gause of Pee Dee Surgical Group for hernia surgery. “I knew that Dr. Gause could determine what the lump was,” said Scott.

Dr. Gause evaluated the lump and, to look further into the situation, he ordered a CT scan. The CT scan results showed a gallstone. Dr. Gause informed Scott that he had gallbladder disease.

“I was relieved when Dr. Gause said it was my gallbladder and that I was not going to need

surgery,” said Scott, “at least not right away. He gave me tips on what to eat and how to take care of myself. He said that since I wasn’t experiencing pain nor had I felt sick to my stomach,

we could wait the surgery out for a while. There was no reason to perform

surgery unless it was necessary.”

“The gallbladder is a sac-like structure, located on the underside of the liver,” explained Dr. Gause.

Scott Franklino said the care he received from Dr. John Gause of Pee Dee Surgical Group was “sensational.”



“Its role is to store and release bile into the small intestines after meals. Bile helps break down the fat in the foods we eat. Gallstones are formed when substances in the bile crystallize and become solid. These stones can irritate the gallbladder. If the stones move into the bile duct they can prevent the bile from moving and lead to pain, nausea and infection.”

According to Dr. Gause, gallbladder disease is very common. It is classically found in women 40 years and older. However, it is not uncommon for men and patients as young as nine years old or as mature as 90 years of age to develop gallbladder disease.

“Although gallstones are very common most people do not present with symptoms,” explained Dr. Gause. “Thirty percent of the people who have gallstones do not know they even have them.”

The symptoms of gallstones include pain in the right upper abdomen lasting minutes to hours, pain radiating to the shoulder, indigestion, flatulence, nausea and vomiting. These symptoms typically occur after meals, particularly after consumption of fried or spicy foods and salads.

Gallstones are detected through the use of ultrasound and CT scans. CT scans provide detailed images of the abdomen which are necessary to rule out the possibility of other causes of abdominal pain. A HIDA scan (Hepatobiliary Scan) uses radioactive fluid to check the gallbladder function. This scan enables surgeons to determine if there is blockage in the bile duct.

Almost one year after finding the gallstone, Scott began to experience pain and found himself becoming sick and frequently vomiting. “I knew the symptoms of gallbladder disease and

that it was time to make a return visit to Dr. Gause,” said Scott. “It was at this point that he recommended surgery.”

“There are options for the removal of gallstones,” explained Dr. Gause. “Patients can choose from laparoscopic or open cholecystectomy surgery (removal of the gallbladder). Another option is an endoscopic retrograde cholangiopancreatography (ERCP). The ERCP is a flexible, thin scope that is guided through the mouth and stomach to the bile duct. The scope helps to find and remove gallstones from the bile duct that could cause blockage of the liver. In the event a gallstone causes a blockage of the liver the patient can become jaundiced.

“Cholecystectomy surgery to remove the gallbladder is performed laparoscopically with four small incisions made in the abdomen,” continued Dr. Gause. “The incisions are made at the belly button, breast bone and two at the right ribcage.

“Because the surgery is performed laparoscopically, the patient has significantly less pain than if the surgery was performed as an open procedure,” said Dr. Gause. “The surgery can be performed as an outpatient surgery with the patient going home within 24 hours. The recovery time is lessened and the patient returns to their full activities within one to two weeks. With an open surgery, the patient remains in the hospital for four to five days or up to a week and the recovery period is six to eight weeks long.”

According to Dr. Gause, surgery is not necessary for every patient with gallbladder disease.

“Left untreated, gallstones can cause additional complications if they move into the bile ducts and cause blockages,” said Dr. Gause. “When this occurs the



Dr. John Gause performs cholecystectomy surgery to remove a patient’s gall bladder laparoscopically.

flow of bile is stopped, causing inflammation and infection. Some patients even become jaundice which is a buildup of bile in the blood. Pancreatitis can also occur if gallstones block the pancreatic duct. In this instance, immediate medical attention would be necessary.”

“Dr. Gause thoroughly explained the laparoscopic surgical procedure to me,” said Scott. “I trusted him and what he was going to do. My life was in his hands and I am thankful to him for quickly taking care of this for me. I felt better immediately after the surgery, just like he said I would.

“I never expected to have gallbladder disease,” continued Scott. “Heart disease I expected because it runs in my family, but not gallbladder disease. I am thankful to Dr. Gause and McLeod that I was able to have my unexpected surgery here. The care I received from Dr. Gause and the team of nurses at McLeod was sensational.”