

but a low titre to the porcine agent.³ Before operation a test dose was given to ascertain the therapeutic response and to detect side effects.⁴ In this case shivering, nausea, and back pain occurred but were rapidly relieved by oral chlorpheniramine. During the early post-operative period we gave 100 mg hydrocortisone and 10 mg chlorpheniramine intravenously before each infusion, later using chlorpheniramine alone. The platelet count remained unchanged. Altogether 270 000 units of porcine factor VIII were given without any appreciable rise in the titre of antibodies to this agent or an increased tendency towards side effects.

Though a prolonged conservative approach to management of a pseudotumour may be successful, it was clearly failing in this patient. The new porcine factor enabled us to overcome the problem of achieving and maintaining haemostasis during and after major surgery.

We thank Professor R B Duthie and Dr C Rizza for permission to report on their patient and for their helpful advice.

- 1 Duthie RB, Matthews JM, Rizza CR, Steel WM. *The management of musculoskeletal problems in the haemophiliacs*. Oxford: Blackwell Scientific Publications, 1972.
- 2 Rizza CR, Biggs R. The treatment of patients who have factor VIII antibodies. *Br J Haematol* 1973;24:65-82.
- 3 Kernoff PBA, Thomas ND, Lilley PA, Tuddenham EGD. Clinical experience with polyelectrolyte fractionated porcine factor VIII concentrate in the treatment of haemophiliacs with antibodies to factor VIII. *Br J Haematol* 1981;49: 131-2.
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Weight gain after cholecystectomy

Cholecystectomy is currently the most common major general surgical operation, with about 45 000 operations being performed each year in the United Kingdom.¹ A retrospective study of patients undergoing biliary surgery in this hospital suggested that many patients gain weight after cholecystectomy (paper in preparation). We therefore undertook a prospective study to examine weight change after cholecystectomy.

Methods and results

One hundred and three patients undergoing elective operations for benign biliary disease were entered into the study. None had acute cholecystitis immediately before their operation. The patients comprised 31 men and 72 women with mean ages of 57 (range 32-75) and 53 (16-81), respectively. One patient died postoperatively (mortality 1%), after the leakage of a choledochoduodenostomy. The patients were weighed in their underclothes and a light dressing gown on the day before operation and six weeks, three months, and six months after discharge from hospital.

Six months after operation 75 of the patients had gained weight, 21 had lost weight, and seven remained at their preoperative weight. The table shows the mean weights over the six month study period. An increase in weight was apparent at three months, although this had no significance until six months. The patients were subdivided to see whether the weight changes were related to sex, preoperative body weight, or age. Twenty seven (87%) of the men gained weight compared with 49 (68%) of the women, a difference that was not significant (χ^2 test). The men lost a little weight in the first six weeks after operation but then showed an increase at three months and a significant gain at six months (paired Student's t test). The women gained weight steadily, but the increase was not significant until six months postoperatively. In both sexes preoperative obesity, which we arbitrarily defined as over 70 kg in women and 80 kg in men, did not appear to influence weight gain. When patients aged below 65 were compared with those aged 65 and above there was no significant effect of age on weight gain. Thirteen patients (12%) underwent an extended biliary procedure, but their pattern of weight change was no different from that of the patients undergoing cholecystectomy alone.

Mean (SD) weights (kg) before and after cholecystectomy

	Preoperatively	At 6 weeks	At 3 months	At 6 months
All patients (n = 103)	67.6 (12.3)	67.8 (12.3)	68.8 (11.8)	70.1 (12.8)*
Men (n = 31)	76.0 (11.2)	75.7 (9.9)	76.7 (6.7)	79.5 (10.7)*
Women (n = 72)	64.1 (11)	64.4 (11.6)	65.5 (11.5)	66.2 (11.7)*

Paired Student's t test (preoperative weights compared with weights at each time interval): * $p < 0.001$.

Comment

In spite of symptoms such as anorexia, nausea, and vomiting and advice to avoid fatty foods, 31% of our patients were overweight before operation, confirming the preoperative findings of others.^{2,3} Our study showed that a significant weight gain occurred after cholecystectomy, with men gaining a mean of 4.6% of preoperative body weight and women 3.3% after six months. When patients who either lost weight or remained the same weight were excluded the mean percentage weight gain rose to 6% and 6.6%, respectively. We presume that this weight gain was caused by a reintroduction of fats into the diet, although a metabolic cause cannot be completely excluded. As one third of our patients were already overweight, any further weight gain could be considered to be detrimental to their long term health. We now routinely inform patients undergoing cholecystectomy that they are likely to gain weight after operation and advise them accordingly.

- 1 Bouchier IAD. Brides of quietness: silent gall stones. *Br Med J* 1983;286:415-6.
- 2 Corlett MB. Cholecystectomy in a community hospital. *Am J Surg* 1980;140: 419-20.
- 3 Gunn AA. The management of gallstones. In: Russell RCG, ed. *Recent advances in surgery*. Edinburgh: Churchill Livingstone, 1982:183-96.

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Corrections

Algorithm for modified alkaline diuresis in salicylate poisoning

An error occurred in this short report by Dr I J Gordon *et al* (20 October, p 1039). The fourth sentence of the Patients, methods, and results should have read: Addition of potassium salts to hypertonic bicarbonate solutions is not recommended as sodium bicarbonate may be precipitated,⁴ and although it is safe with a 1.26% solution, potassium salts were not added to avoid confusion among hospital staff.

Accumulation of midazolam after repeated dosage in patients receiving mechanical ventilation in an intensive care unit

Two errors occurred in this article by C M Byatt *et al* (29 September, p 799). In case 2 the child weighed 13.6 kg, not 3.6 kg as stated; and in the third paragraph of the Comment it was wrongly stated that all patients were receiving erythromycin: in fact, all but case 2 were receiving this drug.

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From 1 January 1985 articles submitted for publication will not be returned. Authors whose papers are rejected will be advised of the decision, and the manuscripts will be kept under security for three months, to deal with any inquiries, and then destroyed by shredding. Hence we would prefer to receive for consideration photostats or copies produced by word processor (see *BMJ* 13 October, p 942), though we do, of course, still need three copies.

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¹ Soter NA, Wasserman SI, Austen KF. Cold urticaria: release into the circulation of histamine and eosinophil chemotactic factor of anaphylaxis during cold challenge. *N Engl J Med* 1976;294:687-90.

² Osler AG. *Complement: mechanisms and functions*. Englewood Cliffs: Prentice-Hall, 1976.

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¹ International Committee of Medical Journal Editors. Uniform requirements for manuscripts submitted to biomedical journals. *Br Med J* 1982;284:1766-70.