CHOLECYSTECTOMY - LAPAROSCOPIC

BRIEF DESCRIPTION

Laparoscopic cholecystectomy is a surgical procedure to completely remove the gallbladder. An incision (cut) is made next to the navel. A laparoscope (a telescope with a miniature camera) is placed through this to allow the surgeon and his assistants to view the gallbladder. Three (or occasionally four) smaller incisions are made in the upper part of the tummy through which various operating instruments are inserted. The gallbladder is then separated from its surrounding attachments, the relevant duct and vessels are clipped off, and the gallbladder removed via one of the original incisions.

WHY IS THIS OPERATION NECESSARY?

Cholecystectomy is needed to remove the gallbladder, usually because it contains gallstones. These stones may be causing recurrent bouts of pain (biliary colic), infection (cholecystitis), or blockage of the bile duct resulting in jaundice. Cholecystectomy is only indicated if the gallstones are causing specific symptoms or complications. Only about 20% of patients with gallstones will develop problems form the stones and most patients with stones will not need surgery.

ARE THERE ALTERNATIVE TREATMENTS AVAILABLE?

Removal of the entire gallbladder is the only effective way of removing gallstones. Special diets, medication, and stone fragmentation with "laser" are all ineffective. The gallbladder does not heal, and thus must be removed completely. Open surgery is required if the area is too scarred to complete the laparoscopic procedure safely. This results in slightly more pain after the op, and a longer time in hospital.

IS IT SAFE TO HAVE THIS OPERATION?

Before you agree to the operation, you should consider the risks that may be involved. Your surgery will be performed by a team of highly qualified and skilled professionals who will take all steps necessary to ensure a safe procedure and a successful result. However there are risks involved with all surgery even if these risks may be small.

WHAT ARE THE GENERAL RISKS INVOLVED?

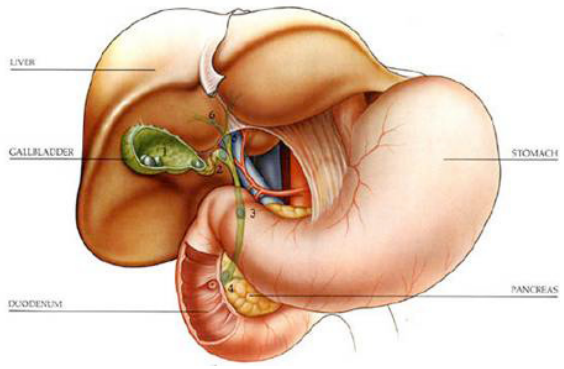
There are risks for developing complications which are general and which may occur with any surgical procedure. These complications include the risk of infection, bleeding, pain, wound breakdown, deep vein thrombosis, or complications affecting the heart, lungs or kidneys.

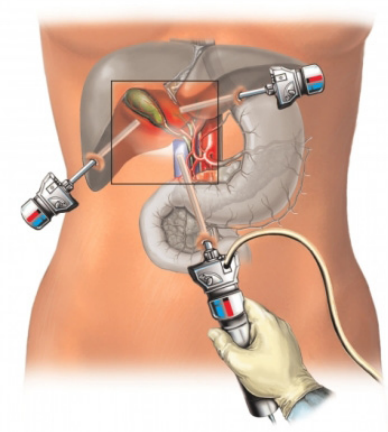
WHAT ARE THE SPECIFIC RISKS INVOLVED?

The major risk is injury of the common bile duct (CBD), which is the main passage carrying bile from the liver to the gut. The gallbladder is a side branch of this duct. While every effort is made to remove the side branch (gallbladder and cystic duct) only, the CBD can be injured in around 0.5% of cases. This then requires a major open operation to fix. In order to prevent this, the laparoscopic procedure needs to be converted to the open procedure to better visualise the CBD in up to 5% of cases. Removing the gallbladder has no impact on the production of bile by the liver, and usually no ill effects on digestion. 95% of people have no long term side-effects. A few people notice increased stool frequency and looser stools. Other potential but uncommon complications include excessive bleeding and injury to other structures or organs in the abdomen.

WHAT ARE THE ANAESTHETIC RISKS INVOLVED?

You will require a general anaesthetic. This is generally safe. You can discuss the anaesthetic with your anaesthetist and also the possible complications that may occur.





These notes give an overall guide to your procedure. You may see some differences in the details of your treatment, since it is tailored to suit your own condition.

WHAT SHOULD I DO BEFORE THE OPERATION?

You should not eat or drink anything for at least six hours before your operation. However, you should take all your regular medication as usual on the day. You need to stop blood thinning medications such as disprin, warfarin, and Plavix before the operation.

WHAT HAPPENS BEFORE THE OPERATION?

Please report to the hospital reception on time for your admission. Please bring along all the documents that may be required such as your medical aid card, ID and contact details. If you are not a member of a medical aid you will be required to pay a deposit or to sign an indemnity form. As far as possible we will try to advise you about hospital costs before your admission. It may be best to complete some of the documentation beforehand at the hospital pre-admission clinic to save time on the day of your admission.

When you arrive in the ward, you will be welcomed by the nurses or the receptionist and will have your details checked. Some basic tests will be done such as pulse, temperature, blood pressure and urine examination. You will be asked to hand in any medicines or drugs you may be taking, so that your drug treatment in hospital will be correct. Please tell the nurses of any allergies to drugs or dressings. The surgeon will have explained the operation and you will be asked to sign your consent for the operation. If you are not clear about any part of the operation, ask for more details from the surgeon or from the nurses.

In an adult the operation area may need to be shaved to remove excess hair. You may be issued with compression stockings that will help prevent blood clots in your legs. If you are having a general anaesthetic, the anaesthetist who will be giving your anaesthetic will interview and examine you and he may put up a drip or prescribe some medication to help you relax.

You will be taken on a trolley to the operating suite by the staff. You will be wearing a cotton gown. Wedding rings will be fastened with tape and removable dentures will be left on the ward. There will be several checks on your details on the way to the operating theatre where your anaesthetic will begin.

HOW LONG DOES THE OPERATION TAKE?

About an hour; although this can vary depending on the presence of inflammation.

WHAT HAPPENS WHEN I WAKE UP?

After the operation is completed you will be transferred back to the ward. Although you will be conscious a minute or two after the operation ends, you are unlikely to remember anything until you are back in your bed on the ward.

WILL I HAVE PAIN?

Some pain may be present, but this should be controlled to a level of mild discomfort with the painkillers that are prescribed. Ask the nursing staff for medication if you have pain.

HOW SOON AFTER THE OPERATION CAN I EAT?

You can eat immediately after you wake up if you feel well enough. Some people will be nauseous for a few hours, and will then feel like eating thereafter. You should be eating normally by the morning after the operation.

HOW SOON AFTER THE OPERATION CAN I GET OUT OF BED?

You should be able to walk a short distance very soon after waking up, but ask the nursing staff for assistance if you feel dizzy. You should be able to walk without too much discomfort by the next day and will be encouraged to mobilize as much as possible.

HOW LONG WILL I STAY IN THE HOSPITAL?

Usually 1 night after the operation.

WHAT HAPPENS WHEN I AM DISCHARGED FROM THE WARD?

Your surgeon will determine when you are ready to go home. You will be given some medication for pain to take at home as needed. Dressings should be left in place, and you can bathe with them on. They will be removed at your follow-up appointment in the surgeon's rooms. You should ask for a sick certificate if you need this for your employer.

WHAT SHOULD I BE AWARE OF WHEN I GET HOME?

The level of pain and discomfort will wear off gradually, and should disappear in 7-10 days.

HOW SOON CAN I START EXERCISE?

You can perform routine activities as soon as you get home. Mild exercise like walking or climbing stairs would be possible immediately, and full exercise after two to three weeks.

HOW SOON CAN I DRIVE A CAR?

As soon as you feel you can do so safely without pain, bearing in mind emergency situations. This is usually around 10 days.

HOW LONG WILL I BE OFF WORK?

Usually 10 days to two weeks