

## **INFORMATION SHEET – LAPAROSCOPIC CHOLECYSTECTOMY**

**Patient Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Cholecystectomy (surgical removal of the gallbladder) is usually done because the gallbladder contains stones that cause pain or inflammation. The traditional way is to make a cut in the upper abdomen under the ribs on the right side. **Laparoscopy** is a technique that allows inspection of and surgery on intra-abdominal organs through small (key-hole) incisions. Recent advances in instrumentation have made it possible in many (**but not all**) cases to remove the gallbladder laparoscopically (without a large incision). This means that post-operative pain is less and recovery is quicker (1-2 days in hospital instead of 5-7, 7 days recuperation instead of 5-6 weeks).

### **Suitability for Laparoscopic Cholecystectomy**

In about 1 in 20 cases, it is not safe to remove the gallbladder using laparoscopic techniques. Often this can be predicted before the operation, but sometimes this may not become apparent until the gallbladder is inspected at the operation, or preliminary dissection begun. Therefore, **no guarantee can be given** that your operation will be done this way. **Your consent for laparoscopic surgery includes consent for open operation if deemed necessary.**

### **What to expect**

If your gallbladder is removed laparoscopically, you will have several (4 – 5) small incisions in the abdominal wall, each between 5 – 15 mm long. One is at the navel and others are on the abdominal wall as needed. These will leave small scars and may be tender for several weeks after surgery. Pain is much less than with the open operation and you usually start eating and drinking within 4 – 8 hours. Any plastic drains (tubes) needed are removed before discharge.

Choledochograms are special X-rays of the bile ducts (tubes) done at the time of cholecystectomy to see if any stones are there. These stones can be removed at the time of cholecystectomy and occasionally are in indication for open operation. If this is not possible, then any stones in bile ducts may be removed subsequently by another procedure. Doctor will discuss this possibility with you if you wish.

### **Possible complications**

It is not possible or practical to list all the possible complications. Only two are discussed here. Laparoscopic surgery carries the possibility of complications unique to laparoscopy, in addition to the more standard complications associated with any operation. This includes the possibility of perforation of bowel, arteries or veins, or other intra-abdominal organs at the time of introduction of instruments. If such perforation occurs, it has to be repaired immediately and *will require an open operation*.

The introduction of gas into the abdominal cavity may cause stretching of the lining (peritoneum). This causes post-operative pain, usually in the shoulder area for several days after the operation. Sometimes the gas escapes into other tissues and cause an odd swelling. This is usually harmless and settles within a day or two.

As smoking increases the risk of complications after surgery, **no smoking** is recommended for at least 3 weeks before your operation.

Please read this information carefully and ask further questions.

**If you have concerns about any possible complication you must discuss them with doctor before any operation.**