聖保祿醫院
St. Paul's Hospital

Procedure information Sheet - Cholecystectomy (Laparoscopic/ Open)

Introduction

- Gallbladder is a sac connected to the biliary tree. It serves the function of concentration and storage of bile for fat digestion.
- Gallstone and acute cholecystitis are common conditions. Removal of gallbladder together with the stones inside (Cholecystectomy) is indicated for patients who have symptomatic gallbladder disease e.g. biliary colic, cholecystitis, biliary pancreatitis. Removal of gallbladder will not significantly affect the normal digestive function.
- Symptoms of gallbladder diseases include indigestion, nausea and upper abdominal pain. Severe acute pain with fever in case of infection e.g. acute cholecystitis.

Indications

Gallstone, acute cholecystitis, gall bladder polyps, biliary pancreatitits etc.

Procedure

1. The operation is performed under general anaesthesia.
2. The operation could be performed with Laparoscopic or Open approach.

a) Laparoscopic cholecystectomy

- Three to four ports (wound size 0.5 – 1 cm) are introduced through abdominal wall. Operating space created with CO2 insufflations. Visualization of intra-abdominal organs achieved with video instruments.
- Success rate 60 – 90%, high failure rate in acute cholecystitis and contracted gallbladder.
- Conversion to open cholecystectomy if necessary in case of difficulty (10 – 40%).

b) Open Cholecystectomy

- Oblique or vertical wound in upper abdomen.

3. Gallbladder resected after ligation of cystic duct and artery.
4. If common bile duct stones discovered during operation, measure to deal with the common bile duct stone would be necessary.
5. Abdominal drain leaves for drainage of fluid if necessary.
6. Wound closed with suture.

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Pre-operative preparation

1. Procedures could be performed as elective or emergency depends on the indicated condition, e.g. emergency for acute cholecystitis.
2. Admit 1 day or on the same day for elective cholecystectomy.
3. Anaesthetic assessment before procedure.
4. Fast for 6 to 8 hours before operation.
5. Urinary catheterization may be required, otherwise empty bladder before surgery.
6. May need pre-medications and intravenous drip.
7. Antibiotic prophylaxis or treatment may be required.
8. Inform your doctors about drug allergy, your regular medications or other medical conditions.

Possible risks and complications

A. Complications related to anaesthesia.

B. Common procedural related complications: (not all possible complications are listed):

- Wound infection (5%).
- Post cholecystectomy syndrome (30%).

C. Rare but significant complications:

1. Bile duct injury (0.1 - 1%) including bile leakage.
2. Laparoscopic technique related complication:
   - e.g. bowel perforation and vascular injury (< 0.1%).
3. Postoperative intra-abdominal bleeding.
   - e.g. slipped cystic artery ligature.
4. Retained cystic duct stones.
5. Port site herniation.
6. Adhesive colic or intestinal obstruction.
7. Mortality (0.1 - 1%).

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Post-operative information

A. *Hospital care*

1. May feel mild throat discomfort or pain because of intubation.
2. Mild discomfort, pain over abdomen, shoulder or neck is common because of gas insufflations. Inform nurse or doctor if pain is severe.
3. Nausea or vomiting are common; inform nurses if severe symptoms occur.
4. Inform nurses if more analgesics are required.
5. Can mobilize and get out of bed 6 hours after operation if no drain or drip.
6. Usually go home on the day of operation or 1 to 2 days after the operation for elective laparoscopic cholecystectomy.

◆ ***Wound care:***

1. Abdominal drain may be placed for removal of dirty fluid, usually removed on day 2 –5, depends on the content of fluid drained.
2. In the first day after operation, patients can have shower with caution (keep wound dressing dry).
3. Stitches or skin clips (if present) will be taken off around 7 – 10 days.

◆ ***Diet:***

1. May be restricted from eating or drinking in the initial period.
2. Resume diet gradually in the next day as advised by doctor.
3. Fluid and fibers are encouraged.

B. *Home care after discharge*

1. Contact your doctor or the Accident and Emergency Department if the following events occur:
   - Increased pain or redness around the wounds.
   - Discharge from the wound.
   - Increasing severe abdominal pain.
   - Fever and chill.
   - Onset of jaundice.

2. Take the analgesics prescribed by your doctor if required.
3. Fat intolerance and mild diarrhea may be experienced in first 6 months after operation.
4. Resume your daily activity gradually (according to individual situation).
5. Avoid lifting heavy objects in the first 4 weeks.
6. Avoid bending or extending the body excessively in the first 4 weeks.
7. Remember the dates of taking off stitches/clips in the clinic, and follow-up as instructed by your doctor.

Remark

The above mentioned procedural information is not exhaustive, other unforeseen complications may occur in special patient groups or different individual. Please contact your physician for further enquiry.

Reference:http://www21.ha.org.hk/smartpatient/tc/operationstests_procedures.html

I acknowledge that the above information concerning my operation/procedure has been explained to me by Dr. _____. I have also been given the opportunity to ask questions and receive adequate explanations concerning my condition and the doctor's treatment plan.

Name:

Pt No.: Case No.:

Sex/Age: Unit Bed No:

Case Reg Date & Time:

Attn Dr:

Patient / Relative Signature: _____

Patient / Relative Name: _____

Relationship (if any): _____

Date: _____