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Laparoscopic cholecystectomy + Operative cholangiography

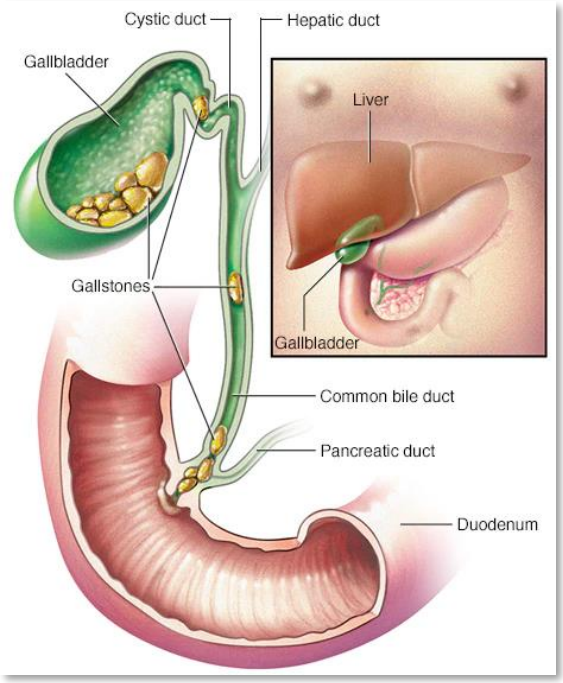
Informed consent: patient information

1. Condition – Gallstone diseases

The **gall bladder** is a small pear-shaped organ that is attached to the underside of the liver. The gall bladder stores bile - a fluid that helps digest fat. The bile flows into the gut along a small tube - the bile duct.

Gall stones may form in the gall bladder and may cause pain, bloating, nausea and vomiting. Sometimes stones may travel into the bile duct and cause a blockage. If this occurs, the person may turn yellow (jaundiced) and need urgent treatment.

One in 5 people develop gall stones, although not everyone will have problems. However, those people who do have problems may go on to develop complications if it is not treated. Complications include inflammation of the gall bladder, inflammation of the pancreas and blockage of the bile duct causing jaundice and infection.



2. What is the laparoscopic cholecystectomy?

Laparoscopic cholecystectomy is the surgical removal of the gall bladder using a laparoscope. This is commonly known as keyhole surgery. It is safe and effective for most patients who have symptoms from gall stones. There are usually about four small cuts (incisions) about 0.5 -1.5 cm long, made in the abdomen.

A telescope is passed into the belly button port to allow surgeon to see inside the abdomen.

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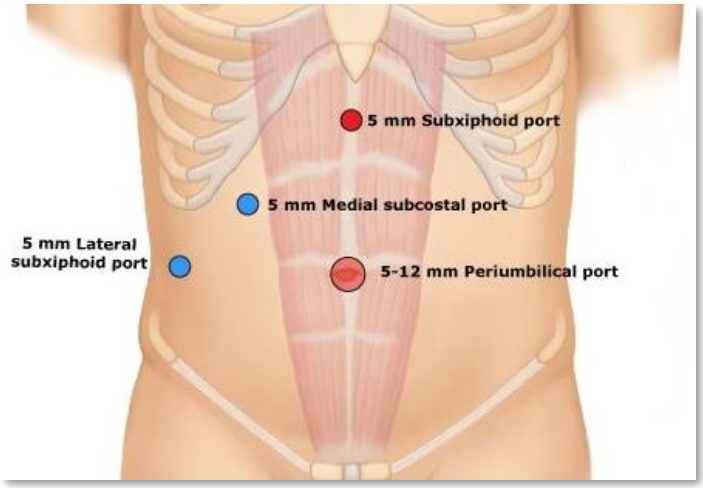
Carbon dioxide is blown into the abdomen to lift the abdominal wall away from the liver, gall bladder, small bowel, stomach and other organs. The surgeon puts instruments such as forceps and scissors into the ports to help remove the gall bladder.

Metal clips are placed to block off the tube leading from the gall bladder to the other tubes (ducts) and the arteries leading to the gall bladder. These clips stay in your body.

Once the gall bladder is taken out, all instruments are removed from the abdomen. The carbon dioxide gas is allowed to escape before the small cuts are closed with dissolvable stitches.

During surgery, a special x-ray to evaluate the main bile duct **(cholangiography) is performed** to look for remaining stone in the duct using a Contrast medium.



3. The anaesthetic

This procedure will require a **general anaesthesia**.

4. What are the benefits of having this procedure?

The removal of the gall bladder will, in most people, relieve pain, nausea and vomiting. It will also prevent complications and the gallstones from coming back.

5. What if I don't have the procedure?

The symptoms of gallstones may get better but can return if left untreated. It is likely that complications will develop, making treatment more difficult and increasing the risks.

6. How to prepare for the procedure?

If you need to have a cholecystectomy, you will be asked to eat nothing the night before the surgery. If you need to take medications, you may have a sip of water. You should have nothing at all 6 hours before the surgery. Your surgeon will discuss with you whether to stop taking medicines or supplements.

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7. What to expect after the procedure?

- You will be monitored in recovery for some time and will normally be able to go home within 24 hours although many people need to stay overnight in hospital. You may have some side effects from the general anaesthetic such as a headache, nausea or vomiting, which can be controlled with medicine.
- You will have some pain in your abdomen after the operation, which can be controlled using pain relief. You may also have some pain in your shoulder from the gas used in the operation, which can be eased with walking.
- You can take sips of water at first then slowly get back to eating and drinking normally soon after the operation.
- The wound will be closed with dissolvable stitches and covered with water proof dressings. You can have shower the day after the surgery. Keep the dressings intact for a week unless they are heavily stained with seepage.
- You will feel tired for a few days after surgery. Take things easy and return to normal duties as you feel able to. It takes about 14 days to recover and you should not drive during the first few days. Do not lift heavy weights (more than 10 kg) for at least four weeks after surgery.

Notify the hospital Emergency Department straight away if you have:

- Large amounts of bloody discharge from the cuts on your abdomen
- Fever and chills
- Pain that is not relieved by prescribed painkillers.
- Swollen abdomen.
- Swelling, tenderness, redness at or around the cuts.
- Yellowing of your eyes and skin

8. What are the general risks of this procedure?

- Infection can occur, requiring antibiotics and further treatment.
- Bleeding could occur and may require a return to the operating room.
- Small areas of the lung can collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy.
- Increased risk in obese people of wound infection, chest infection, heart and lung complications, and thrombosis.
- Blood clot in the leg (DVT) causing pain and swelling. In rare cases part of the clot may break off and go to the lungs.

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9. What are the specific risks for this procedure?

- Need for open surgery – Key hole surgery may not work and the surgeon may need to convert to open surgery. Open surgery requires a bigger cut in the abdomen and a longer stay in hospital.
- Stones in the bile duct – Some stones may be found outside the gall bladder in the bile duct on the special x-ray (cholangiogram) during surgery. You may need a separate procedure to remove them endoscopically (ERCP) later.
- Bile leak – Metal clips that are put on the bile tubes sometimes come off. This can cause internal bile leak in 1 in 200 people. This may need surgical drainage and/or endoscopic procedure to decrease amount of the leakage.
- Bile duct injury – The bile duct can be damaged during the surgery by the instruments. The average risk in Australia is 1 in 230 people. This can cause long term problems with blockage, which may need further surgery.