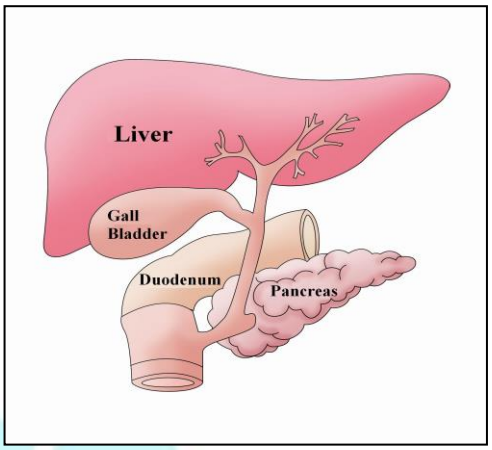
仁安醫院
UNION HOSPITAL

Operation Information

Cholecystectomy(Open/ Laparoscopic)

Introduction



Gallbladder serves the function of concentration and storage of bile for fat digestion. Symptoms of gallbladder diseases include indigestion, nausea, heartburn, right upper abdominal pain and jaundice (if biliary tract is obstructed by stone). Options for surgery are either by laparoscopic approach or conventional open cholecystectomy.

Laparoscopic Cholecystectomy (LC)

When compare with traditional conventional open cholecystectomy, LC is considered more beneficial for patient in decreasing postoperative pain and the need for postoperative analgesia, shortens the hospitalization period. LC also improves a cosmetic effect and improved patient satisfaction in progress of recovery.

Open Cholecystectomy

In few cases, the laparoscopic approach is not feasible. The doctor will then adopt conventional open cholecystectomy to attain better results.

Outcomes

Cholecystectomy is the surgical removal of the gallbladder. Most are performed to address symptoms related to biliary colic and to treat complications of gall stones. (E.g. acute cholecystitis and biliary pancreatitis)

Procedures

1. The operation is performed under general anaesthesia.
2. A) Laparoscopic Cholecystectomy: Three to four ports (wound size of 0.5 – 1cm) are introduced through the abdominal wall. Operating space is created with CO_2 insufflations. Visualization of intra-abdominal organs is achieved with video instruments.
   B) Open Cholecystectomy: Make a larger incision (about 10-20cm) in upper abdomen.
3. Gallbladder is 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 maybe taken.
5. The insertion of abdominal drain may be necessary.
6. Wound is closed with stitches/staples and covered with a sterile dressing.

Possible Risks and Complications

1. Wound infection (5%)
2. Post cholecystectomy syndrome (~10%)
3. Bile duct injury (0.1. - 1%) including bile leakage
   - Higher bile duct injury rate in laparoscopic cholecystectomy (0.5 – 1%)

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

** The risks listed above are in general terms and the possibility of complications is not exhaustive. Please understand that even though all procedures are carried out with utmost professionalism and care this does not rule out the possibility of complications arising. In the event of peripheral organ damage or post-operative haemorrhage or leakage, further operation may be necessary.

Pre-operative Preparations

1. Good hygiene can prevent surgical wound infection. Therefore, we advise you to clean up yourself on the day of operation.
2. The operation and possible complications will be explained by the doctor and a consent form must be signed prior to the operation.
3. Please inform the doctor and nurse all your past medical history, previous surgical operations, current medication and any complication with drug or anaesthesia.
4. The operation may be performed on either an elective or emergency basis as per your condition, e.g. acute cholecystitis requires emergency operation.
5. The elective surgical patient will be admitted one day prior to or on the day of the scheduled operation.
6. Routine tests (e.g. Blood test, Cross match, Ultrasound, CT scan) will be performed before the operation.
7. Nurse will supply surgical soap to you for washing the operation site (especially the belly button) as necessary.
8. No food or drink six hours before operation.
9. Please change into surgical gown after taking off all clothing including undergarments, dentures, jewellery and contact lenses.
10. Please empty your bladder before the operation.
11. Pre-medication or intravenous infusion may be necessary.

Post-operative Instructions

General

1. After general anaesthesia, you may:
   - experience discomfort in the throat after tracheal intubation.
   - experience side effects of anaesthesia including feeling tired, drowsy, nausea or vomiting. Inform the nurse if symptoms persist or worsen.
2. Mild abdominal pain, shoulder or neck pain is common with CO_2 insufflations and will subside gradually after the operation. Inform the nurse if the pain becomes more severe.
3. Please inform the nurse of wound pain. Proper pain relief treatment by injection or oral medication may be prescribed by the doctor.
4. An indwelling urinary catheter will normally be removed in a few days after the operation.
5. An intravenous infusion will be given to supply fluids and medications.
6. You may resume normal activities six hours after the operation where no abdominal drain or intravenous infusion is necessary.
7. You will normally be discharged 1-5 days after the operation. (Depending on the type of operation performed.)

Wound Care

1. The wound will be covered with a sterile waterproof dressing.
2. You may take shower or bathe after the operation but must ensure that the dressing remains dry.

3. The abdominal drain will normally be removed in 2 – 5 days on a case-by-case basis.
4. The wearing of loose-fitted clothing is encouraged to avoid irritation of the wound.
5. Stitches or staples will be removed in 7 – 10 days after the operation.

Diet

1. Resume diet gradually as advised by your doctor.
2. To avoid constipation, increase water consumption and high fiber diet as advised.

Activities

Early mobilization can promote a rapid postoperative recovery. You can resume light activities after the operation.

Advices on Discharge

1. Full wound recovery may vary from 2 to 8 weeks depending on the type of operation performed.
2. The prescription pain medication may be taken as needed.
3. You may experience indigestion with fatty foods intake and mild diarrhea within the first 6 months after the operation.
4. Regular activities may be resumed gradually over the next two weeks.
5. Heavy lifting, excessive exertion, bending or stretching should be avoided within the first 4 weeks.
6. Immediately consult your doctor or return to hospital for medical attention in the event of increasing pain, swelling, redness or discharge from wound, persistently feeling sick and/ or vomiting, yellowing of the skin and whites of your eyes or dark wine and pale stool, shivering, high fever over 38^{o}C or 100^{o}F, or any other unusual symptoms etc.
7. Any follow-up consultations should be attended as scheduled.

Should there be any enquiries or concerns, please consult the attending doctor.

Under the professional care of the doctor, you will gradually recover. We wish you all the best during your treatment and recovery.

If you have any questions after reading the entire leaflet, please write them down in the spaces provided in order for the doctor to further follow-up.

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Compiled by Union Hospital Operating Theatre (OT) Governance Committee