

LAPAROSCOPIC CHOLECYSTECTOMY

YOUR OPERATION – SOME INFORMATION

These notes give an overall guide to your stay in hospital.

You may see some differences in the details of your treatment, since it is tailored to suit your own condition.

WHAT IS A GALLBLADDER?

The gallbladder lies behind your right ribs at the front, below the liver and above the duodenum (gut). It is a pouch in which bile is stored until needed to help digest fat. It is connected to the tubing (bile ducts) that carries bile from the liver to the gut. Stones forming in the gallbladder often cause pain or inflammation in the gallbladder. If stones escape from the gallbladder they can block the bile ducts and cause pain, fever and yellow jaundice or block the duct of the pancreas, which shares a common outlet to the gut, causing pancreatic inflammation (pancreatitis).

WHAT DOES THE OPERATION CONSIST OF?

Laparoscopic cholecystectomy is a surgical procedure that involves complete removal of the gallbladder through a 12mm cut near the navel. A laparoscope, which consists of a telescope with a miniature video camera, is placed through the navel to allow the surgeon and his assistants to view the gallbladder. In addition, three (or occasionally four) other smaller incisions

are made in the upper part of the tummy through which various operating instruments are inserted. They are used to separate the gallbladder from its surrounding attachments. This procedure has advantages over the standard open operations in that there is usually less post-operative pain (only one or two pain injections are usually necessary), a shorter hospital stay (an average of two days) and a quicker return to normal activities (on average, one week). Nevertheless the operation itself is the same and has the same risks.

Your surgeon may decide to stop the laparoscopic procedure and convert to the standard open operation. This decision is based on a number of different factors such as the inability to safely identify the blood vessels and bile ducts, the presence of extensive adhesions (scar tissue), unusual gallbladder anatomy, the presence of other intra abdominal disease, and bleeding.

WHAT HAPPENS BEFORE THE OPERATION?

Reception

When registering at reception your medical aid details will be required. If you are not on 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.

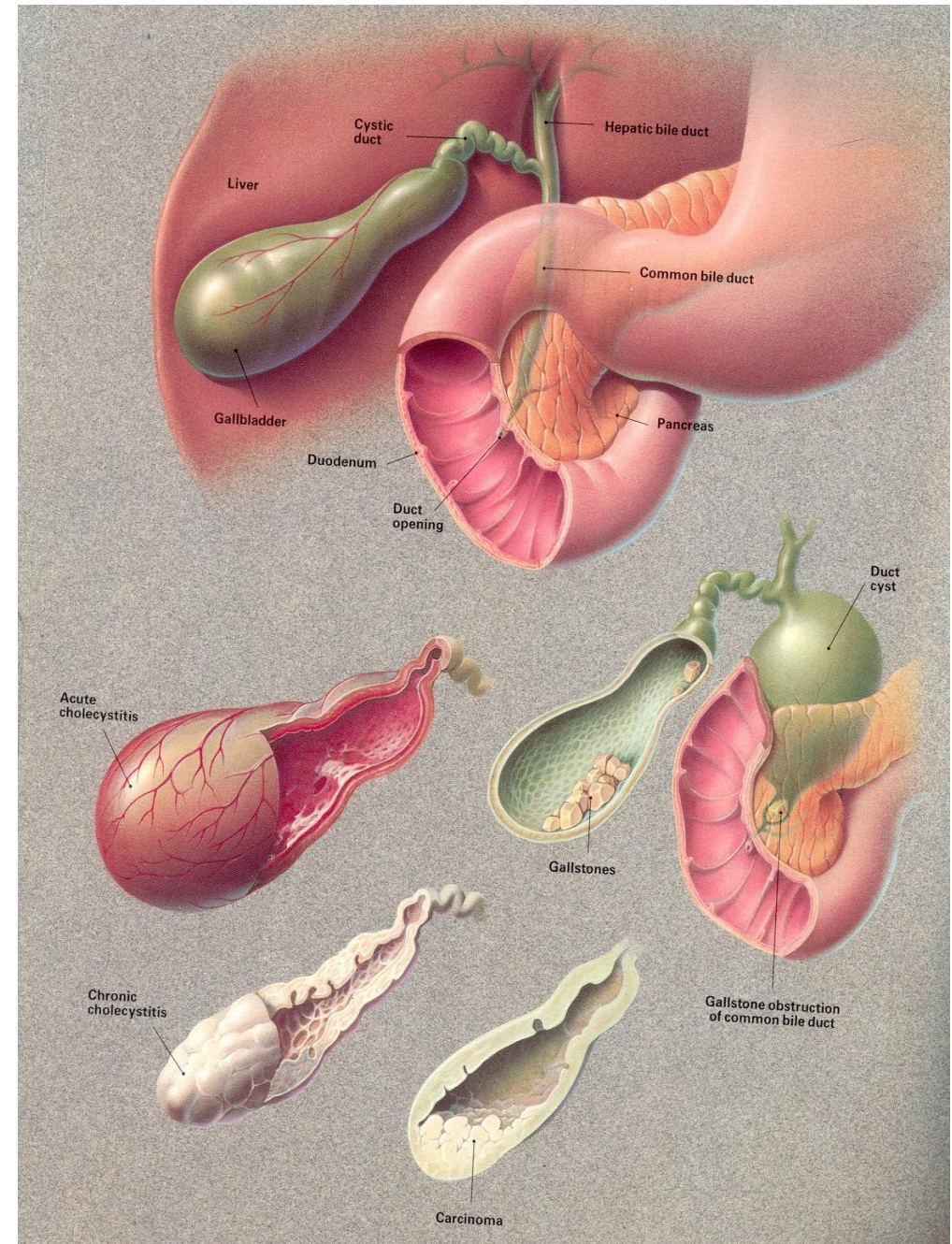
Welcome to the ward

You will be welcomed to the ward 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, then read this again and then ask for more details from the surgeon or from the nurses.

Visit by the anaesthetist.

If you are having a general anaesthetic, the anaesthetist who will be giving your anaesthetic will interview and examine you. He will be especially

interested in chest troubles, dental treatment and any previous anaesthetics you have had.



Complications

Complications are seldom serious and are well known. The main complication which can be serious is damage to the bile duct which leads from the liver to the bowel. This will usually be recognised at the time of surgery and if it occurs will need repair by an open operation. Stones may escape from the gallbladder into the bile duct. If so it may require an open operation to remove them. This may require leaving a drainage tube to the bile duct for about 7 days so that a later xray can be taken to check that all the stones have been cleared.

If you think that all is not well, please ask the nurses or doctors. Bruising and swelling may be troublesome. The swelling may take up to two weeks to settle

down. Infection in the wound happens rarely and will be treated appropriately by the surgeon. Chest infections may arise, particularly in smokers.

Co-operation with the physiotherapists to clear the air passages is important in preventing the condition. Do not smoke. You can manage very well without a gallbladder. No special diet is necessary apart from a healthy diet which should be low in fat and high in fibre.

General advice

The operation should not be under-estimated, but practically all patients are back at their normal activities within a few weeks.

Accounts

In addition to the accounts from the hospital, your surgeon and the anaesthetist, you may also receive accounts from the radiologists (for any X-rays done), the pathologists, (for blood tests or examination of the gallbladder if this was necessary) and physiotherapists if their services were required. If you have any problems or queries, please ask the nurses or doctors.

E-mail surgeons@surgcare.co.za

Diet

You will have your usual diet until 6 hours before the operation when you will be asked to take nothing by mouth. This will let your stomach empty to prevent vomiting during the operation.

Shaving.

The operation area will be shaved to remove excess hair.

You will be taken on a trolley to the operating suite by the staff. You will be wearing a cotton gown, 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 room where your anaesthetic will begin.

Timing of the operation.

The timing of your operation is usually arranged the day before so that the nurses will tell you when to expect to go to the operating theatre. Do not be surprised, however, if there are changes to the exact timing.

Transfer to theatre.

The operation is then performed.

WHAT HAPPENS AFTER THE OPERATION.

Coming round after the anaesthetic.

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 in the ward. Some patients feel a bit sick for up to 24 hours after operation but this passes. You will be given some treatment for sickness if necessary. A blood transfusion is hardly ever required and is only given if there has been abnormally large blood loss during the operation. All blood given is tested for AIDS and hepatitis. As a result of the gas put into your tummy during the operation, you may feel bloated or have shoulder tip pain but this usually only

lasts for a day or two. After the laparoscopic procedure you can usually take fluids by mouth the next day and start eating by the second day.

Passing urine

It is important that you pass urine and empty your bladder within 6-12 hours of the operation. If you find using a bed pan or a bottle difficult, the nurses will assist you on to a commode or the toilet. If you still cannot pass urine let the nurses know and steps will be taken to correct the problem.

Sometimes you may have a drainage tube (catheter) in your bladder to keep it empty for the first 24 hours.

Sleeping

You will be offered painkillers rather than sleeping pills to help you to sleep. If you cannot sleep despite the painkillers please let the nurses know.

Physiotherapy

Physiotherapy may be necessary to check that you are clearing your lungs of phlegm by coughing and that you are helping your circulation by movement of your arms and legs. Coughing, although uncomfortable, will not harm your wound.

The wounds

The wounds have dressings which may show some staining with blood in the first 24 hours. The wounds are held together by stitches which either dissolve on their own or are removed after 7-10 days.

The dressing is usually removed after 1-3 days and replaced. This dressing is usually waterproof allowing you to shower. On rare occasions a plastic drain is used to drain excessive secretions from the wound or abdominal cavity. It may be slightly uncomfortable but is removed after a few days.

There may be some purple bruising around the wound which spreads downward by gravity and fades to a yellow colour after 2 to 3 days. It is not important.

There may be some swelling of the surrounding skin which also improves in 2 to 3 days. After 7 to 10 days, slight crusts on the wound will fall off. Occasionally minor match-head sized blebs form on the wound line but these settle down after discharging a blob of yellow fluid for a day or so.

Washing

You can wash the wound area as soon as the dressing has been removed or earlier if you have a waterproof dressing. Soap and tap water are adequate. Salted water is not necessary.

How long in hospital?

Usually you will feel fit enough to leave hospital after 2 to 4 days. You will be given an appointment for a check up about a 10 days after your operation.

Sick notes

Please ask your surgeon for any sick notes or certificates that you may require.

Lifting

At first discomfort in the wound will prevent you from harming yourself by too heavy lifting. After a month you can lift whatever you like. There is no value in attempting to speed the recovery of the wound by special exercises before the month is out.

Driving

You can drive as soon as you can make an emergency stop without discomfort in the wound, i.e. after about 10 days.

What about sex?

You can restart sexual activities within when the wound is comfortable enough.

Work

You should be able to return to normal activities within one to two weeks.