Gleneagles Hospital
HONG KONG
港怡醫院

Procedure Information Sheet – Cholecystectomy (Open / Laparoscopic)

Hosp No.	:	HKID No.:	
Case No.	:		
Name	:		
DOB	:	M / F	
Adm Date	:		
Contact No.	:		

1. Introduction

1.1. Gallbladder is a small pear-shaped organ located under the liver on the right abdomen. Liver produces bile, which helps digesting fatty food. Gallbladder is to store and concentrate the bile. Gallstones, which are formed by hardened digestive fluid in gallbladder, can block the bile flow of the biliary ducts. This causes pain and swelling of gallbladder, and may turn to inflammation.

1.2. Cholecystectomy (surgical removal of gallbladder) is a surgical procedure which is indicated for patients who have gallstones causing pain or infection (cholecystitis). Symptoms of gall bladder diseases may include sharp pain on the upper right abdomen, fever, nausea, vomiting, or jaundice (yellowing of the skin).

1.3. Removal of gallbladder will not much affect the normal digestive function, but indigestion or bloating may occur.

2. Procedural Preparation

2.1. A written consent is required.

2.2. Inform your doctors about your drug allergy, current medications or other medical conditions for pre-operative assessment.

2.3. Fast for 6 to 8 hours before the operation.

2.4. Clean umbilicus for laparoscopic approach before the operation to prevent wound infection.

2.5. May require hair clipping near the incisional site.

2.6. Change operation gown and empty bladder before heading to operating theater.

2.7. Pre-medications, intravenous drip, or antibiotic prophylaxis maybe required according to doctor's prescription.

2.8. Perform tests including abdominal ultrasound, blood tests, or abdominal CT scan…etc. as suggested by the doctor.

3. Procedure

3.1. The operation is performed under general anaesthesia with Laparoscopic or Open approach.

3.1.1. Laparoscopic cholecystectomy (most common approach)

3.1.1.1. Small instruments and a video camera are inserted into the abdomen through three to four incisions (wound size approximately 1 cm) on the abdominal wall. Carbon dioxide (CO_2) insufflation technique is used for visualization and dissection of gallbladder.

3.1.1.2. The wound sites are closed with sutures, surgical staples, or strips.

3.1.2. Open Cholecystectomy

3.1.2.1. An incision wound in the upper right abdomen is cut to remove the gallbladder.

3.1.2.2. The wound site is closed with surgical staples, or sutures.

3.2. The risk of conversion from laparoscopic cholecystectomy to open cholecystectomy increases in case of acute cholecystitis, past abdominal operations, repeated gallbladder attacks, or the presence of common bile duct stones.

3.3. Abdominal drain may be placed to drain out fluid if necessary.

4. Recovery Phase

4.1. After operation, you may feel dizzy, tired, or nausea. You may also have sore throat or headache but they will subside after a few days.

4.2. For laparoscopic surgery, shoulder pain may occur due to the gas introduced to inflate the abdominal space. Shoulder pain will subside after a few days.

4.3. Pain relief medications are provided as needed for wound pain.

4.4. Placing a pillow over your abdominal wound with firm pressure before coughing or sneezing can help reduce pain.

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4.5. Diet is restricted during the immediate post-operative period. Diet can be resumed as per doctor's order, usually from fluid diet to normal diet, but greasy or spicy food should be avoided for a while.
4.6. High fiber diet (such as vegetables and fruits) and fluid intake are encouraged to prevent constipation or straining during bowel movement.
4.7. Early mobilization as tolerable is suggested to minimize the risk of pneumonia and blood clot in the legs.
4.8. Abdominal drain (if present) may be removed on post-operative day 2 to 3, depending on the fluid drained.
4.9. Stitches or surgical clips (if present) will be removed on day 7 to 10.

5. Possible Risks and Complications

5.1. Complications for general major operation and anaesthesia may include myocardial infarction, myocardial ischaemia, stroke, deep vein thrombosis, pulmonary embolism, allergic reaction, etc.
5.2. Common procedure-related complications may include wound infection, and post cholecystectomy syndrome.
5.3. Rare but significant procedure-related complications may include bile duct injury/leakage, bowel perforation, injury to nearby major blood vessels, retained cystic duct stones, port site herniation, adhesive colic or intestinal obstruction...etc. This procedure has a risk of mortality rate around 0.1 to 1%.

6. Discharge Education

6.1. Contact your doctor or attend Accident and Emergency Department if you have:
  6.1.1. Increased or continuous abdominal pain or swelling.
  6.1.2. Increased redness, swelling, bleeding or bad smelling drainage from the wounds.
  6.1.3. Fever more than 38oC and rigor.
  6.1.4. Severe vomiting.
  6.1.5. Onset of jaundice.
  6.1.6. No bowel movement for 2 to 3 days after operation.
6.2. Take the analgesics as prescribed by your doctor if necessary.
6.3. May have mild diarrhea due to fat intolerance in the first 6 months after operation.
6.4. Avoid or reduce greasy or spicy foods.
6.5. Avoid lifting heavy items and strenuous activity in the first 4 weeks.
6.6. Do not bend or extend the body excessively in the first 4 weeks.
6.7. Attend the follow-up visit in your doctor clinic.

7. Remark

7.1. 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.

8. References

8.1. Hospital Authority. Smart Patient Website.
8.2. The American College of Surgeons. Cholecystectomy, surgical removal of the gallbladder.

I acknowledged the above information concerning the operation or procedure. I have also been given the opportunity to ask questions and received adequate explanations concerning the condition and treatment plan.

Patient/ Relative Signature: _____

Patient/ Relative Name: _____

Date: _____