香港浸信會醫院
Hong Kong Baptist Hospital

Procedure Information Sheet

Laparoscopic / Open Cholecystectomy

Introduction

Gallbladder is a pear-shaped organ that rests beneath the right side of the liver. It serves to collect and concentrate bile. Bile is released from the gallbladder after eating, aiding digestion and absorption of fat. Patients with cholecystitis or gallstone may present with upper abdominal pain, nausea and vomiting, or jaundice. Currently the only cure is cholecystectomy, i.e. surgical removal of gall bladder. In simple words, it is gallbladder removal with the use of laparoscope (a tiny telescope).

In a small number of patients the laparoscopic method is not feasible because of the inability to visualize or handle the organs effectively. In such circumstances, the surgeon will convert the laparoscopic procedure to the conventional open cholecystectomy.

The Operation / Procedure

1. The operation is performed under general anesthesia.
2. The operation could be performed with Laparoscopic or Open approach:
   - 2.1. Laparoscopic Cholecystectomy - three to four ports (wound size 0.5-1cm) are introduced through abdominal wall. Operating space created with CO2 insufflations. Visualization of intra-abdominal organs achieved with video instruments.
   - 2.2. Open Cholecystectomy - oblique or vertical wound in upper abdomen. Conversion to Open Cholecystectomy if necessary with the decision of doctor in case of difficulty (10% - 40%).
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(s) leave for drainage of fluid if necessary.
6. Wound closed with sutures.

Before the Operation / Procedure

1. Interview with doctor in charge about operation management, nature of operation and possible risk. Read through and understood this information sheet and sign the consent form.
2. Inform your doctors about drug allergy, your regular medications or other medical conditions.
3. Pre-operative anaesthetic assessment. Read through and understood the information sheet on anaesthetia, then sign the consent for anaesthesia.
4. Hair clipping of the abdominal according to doctor's order.
5. To prevent wound infection, if the procedure performed by Laparoscopic approach umbilicus cleansing is needed on the day of surgery.
6. For non-emergency elective case
   - 6.1 3 days before surgery, patient may use clean cotton wool applicators soaked with soapy water to clean the umbilicus. Swab from inside to outside and repeat procedure until the umbilicus is cleaned thoroughly. Take a shower then put on clean clothes.
   - 6.2 On the day of Surgery, health care worker will check the cleanliness of the operation area. The umbilical area may need to be cleaned again when necessary.
7. Keep fast for 6 - 8 hours before operation.
8. Take off underwear, remove denture, contact lens and jewellery (including hair pins, necklace, earrings etc), then change to operation gown and cap.
9. Empty bladder before transferring to Operation Theater.

After the Operation / Procedure

1. After general anesthesia, you may feel tired, dizzy or weak.
2. You may have sore throat, headache, vomiting or bruises at the puncture site occasionally. They will subside after a few days.
3. You may have shoulder pain due to CO2 gas and it will subside after a few day. If the procedure performed by Laparoscopic approach.
4. Mild wound pain is common; please take prescribed analgesic for pain relief.
5. Fluid diet on operation day, then you can eat normal diet next day but avoid greasy food.

Patient's Label
Patient Name: _____
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6. Ensure high fiber diet (cereals, vegetables and fruits) to prevent constipation after a few days.
7. May present with diarrhea symptom.
8. You can resume light, normal activity as tolerated over the first 48 hours.
9. Sexual intercourse must be avoided until wound pain subsided.
10. Wound care:
    - 10.1 Don't remove the dressing. Keep the wound clean and dry.
    - 10.2 Abdominal drain may be placed for removal of dirty fluid, usually removed on day 2 – 5, depends on the content of fluid drained.
    - 10.3 Stitches or skin clips if present will be taken off around 7 – 10 days.
11. Showers can be taken but avoiding using soap or powder to the wound, keep wound dressing dry.
12. Use your hand to protect the wound when coughing or sneezing to prevent wound disruption.
13. Restrict lifting any heavy weight and avoid strenuous exercise for 4 - 6 weeks after operation. Lifting will put pressure on your wound which takes time to heal properly.
14. Follow up as scheduled and taking off stitches or skin clips in doctor's clinic.
15. Our Infection Control Nurse may contact you by phone to enquire of your wound condition 30 days after discharged.

Risk and Complication

1. Complications of general anesthesia (<0.01% but may be fatal)
    - 1.1 Cardiovascular complications: acute myocardial infraction, cerebrovascular accidents, deep vein thrombosis, massive pulmonary embolism.
    - 1.2 Respiratory complications: atelectasis, pneumonia, asthmatic attack, exacerbation of chronic obstructive airways disease.
    - 1.3 Allergic reaction and anaphylactic shock.
2. Operation related complications
    - 2.1 Common procedure-related complications.
        - 2.1.1. Wound infection (5%).
        - 2.1.2. Post cholecystectomy syndrome (30%).
    - 2.2 Rare but significant complications.
        - 2.2.1 Bile duct injury (0.1 – 1%) including bile leakage, higher bile duct injury rate in laparoscopic cholecystectomy (0.5 – 1%)
        - 2.2.2 Laparoscopic technique related complication, e.g. bowel perforation and vascular injury (<0.1%)
        - 2.2.3 Postoperative intra-abdominal bleeding, e.g. slipped cystic artery ligature
        - 2.2.4 Retained cystic duct stones
        - 2.2.5 Port site herniation
        - 2.2.6 Adhesive colic or intestinal obstruction
        - 2.2.7 Mortality (0.1 – 1%)

Disclaimer

This leaflet only provides general information pertaining to this operation / procedure. While common risks and complications are described, the list is not exhaustive, and the degree of risk could also vary between patients. Please contact your doctor for detailed information and specific enquiry.

Reference

Smart Patient Website by Hospital Authority:
Laparoscopic or Open Cholecystectomy (3/2020)

Patient's Label
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Patient's Signature:_____ Date:_____