

# CHOLECYSTECTOMY: Laparoscopic

## △ GENERAL INFORMATION

*Cholecystectomy* is removal of the gallbladder that is located under your liver on the right side of your upper abdomen. The reason for removing the gallbladder is that it contains stones that cause inflammation and even infection.

## COMMON SIGNS AND SYMPTOMS

- There is pain over the gallbladder on the right side of the upper abdomen.
- Often the pain comes on after a heavy meal. It may come and go or be there all the time.
- The pain may shoot to the back and to the tip of the right shoulder blade.
- There is loss of appetite or nausea. Sometimes there is vomiting, which may have a bitter taste.
- There may be fever and chills.
- There is tenderness over the gallbladder. This may be mild, or it may be very severe.
- A fullness may be felt over the gallbladder area.

## DIAGNOSIS

- Usually the diagnosis can be made by taking a detailed history, doing a thorough physical examination, and considering the laboratory reports carefully.

The tests will include some of the following:

- *Blood*: The blood will be analyzed for evidence of infection (elevation of the white blood cell count), anemia, or abnormalities of the liver. *Urine*: A urinalysis is done to look for red blood cells or white blood cells. *Heart* (EKG): A heart attack sometimes behaves just like a gallbladder attack. *Lungs* (chest x-ray): Occasionally, pneumonia or pleurisy can produce some of these symptoms.
- *X-ray of the abdomen*: Kidney stones and, at times, gallstones can be seen.
- *Ultrasound*: Harmless sound waves are aimed at the gallbladder area. The sound waves bouncing back (the echoes) from this area are seen as a picture on a screen. This is a convenient and painless way to examine organs and tissues inside most areas of the body. Gallstones can be seen using this technique.

## ○ TREATMENT

- The best treatment is to remove the gallbladder.
- Until a few years ago, most gallbladders were removed through an approximately 6-inch incision on the abdomen. With newer techniques, it now is possible to do the operation *laparoscopically*. This is done by using a hollow optical instrument with a light at its tip that is about as big around as the tip of your little finger. Three, possibly four, of these instruments are placed in the upper part of the abdomen through tiny incisions. There is much less pain and a faster recovery when the gallbladder is removed this way.

After careful consideration, it is recommended that

you have your gallbladder removed with a laparoscope. It has been explained to you why this operation is best suited for you.

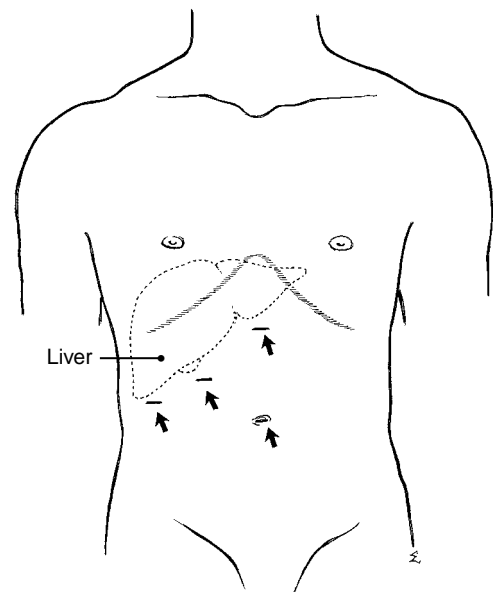
- You should realize, however, that when the surgeon places the instruments in the abdomen, what is seen in the gallbladder area may be more complicated than what was expected. If this happens, it would not be safe to try to remove the gallbladder by laparoscopy. The abdomen will need to be opened so that the gallbladder and everything around it can be dissected safely.

## PREOPERATIVE PREPARATION

- Do not take aspirin for 7 days before the operation. Take medications as directed by your physician.
- Do not eat or drink anything for 8 hours before the operation.
- Shower or bathe as usual on the morning of the operation.
- You may be given medicine that will make you feel drowsy before you are brought to the operating room.
- You will be given an antibiotic.

## □ OPERATION

- You will be asleep for the operation.
- There will be three, possibly four, incisions, each about ¼ inch long through which the instruments will be introduced. The incisions will be placed in the navel and over the gallbladder (Fig. 1).
- You will not receive a blood transfusion unless it is absolutely necessary.
- The operation usually takes about 1½ hours.



**Figure 1.** The location and the relative size of the incisions used to introduce the laparoscopes are shown.

## POSTOPERATIVE CARE

- You will wake up in a recovery room. When your blood pressure, pulse, and breathing are stable, you will be taken to a regular hospital room. Occasionally, a patient feels well enough to go home the same day. Otherwise, you should be able to go home in 1 to 2 days.
- You may have a thin plastic tube in your nose for a day.
- You may have a thin plastic tube (drain) coming out of your side.
- That evening you will be helped to sit up in bed and on the next day to get out of bed.
- Pain can be controlled with medicine. The nurse will give it to you, or you can give yourself a preset amount of pain medicine when you feel you need it. This is done with a device called patient-controlled analgesia (PCA) that is connected to the tubing giving you intravenous fluids.
- You may have some discomfort in your right shoulder.
- Arrangements will be made for your medicine, follow-up office visit, and stitch or clip removal.
- As with any operation, complications are always possible. Although they are uncommon with this type

of operation, they can include bleeding, peritonitis, injury to the bile ducts, and possibly others.

## ✚ HOME CARE

- You may walk about as you wish, even climb stairs.
- Take medicine as prescribed for your pain.
- You may eat as you did before the operation, but avoid fatty foods for a month or so.
- You may shower as you wish and with any dressings on or off.
  - There may be narrow strips of tape across the incision. It's all right if they get wet; they will be removed in the doctor's office.
  - After you dry yourself, replace any dressings with clean, dry ones.
- Do not drive your car for 1 week and then only if you have no pain and can move freely.
- You may resume sexual activity whenever you choose.
- You may return to work when you feel up to it.

## 📞 CALL OUR OFFICE IF

- You develop any unusual signs or symptoms, fainting, dizziness, or severe pain in the chest or abdomen.
- The incision becomes red or swollen, or there is drainage from it.
- You develop a temperature higher than 100°F.
- You have any questions.