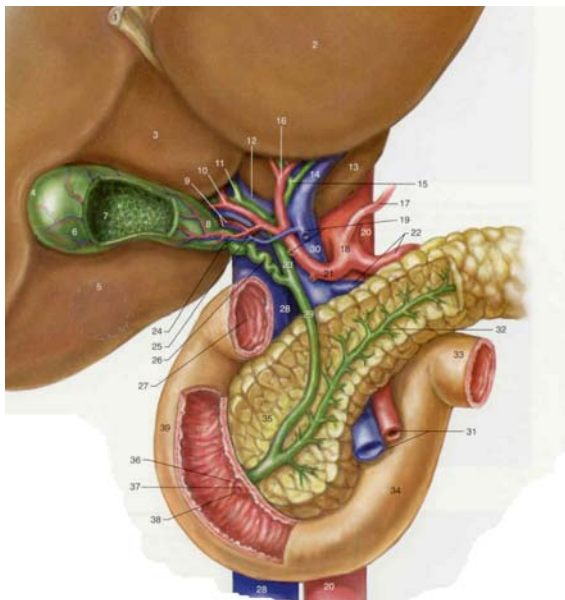


## What is a Laparoscopic Cholecystectomy

**Laparoscopic Cholecystectomy** refers to an operative procedure in the abdomen performed through small incisions whereby the removal of the gallbladder is guided by a thin scope connected to a video monitor. The advantages of the laparoscopic approach include less pain, a smaller scar and fewer postoperative complications than with the open operation. Additional procedures done at the time of the operation may include a *cholangiogram*, which is an x-ray study of the bile ducts, or an exploration of the main bile duct to remove obstructing stones.



Your procedure has been scheduled for  
\_\_\_\_ - \_\_\_\_ - \_\_\_\_ at \_\_\_\_\_  
\_\_\_\_\_

You have an In Office pre-op appt. on \*  
\_\_\_\_ - \_\_\_\_ - \_\_\_\_ at \_\_\_\_\_

You have a Hospital Pre-Op on \*  
\_\_\_\_ - \_\_\_\_ - \_\_\_\_ at \_\_\_\_\_

\* Bring a current list of your medications to this appointment

*William H. Gentry, MD FACS*



COMMITTED TO EXCELLENCE

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## LAPAROSCOPIC CHOLECYSTECTOMY

### WHAT YOU NEED TO KNOW



# Cholecystitis

Cholecystitis: refers to an inflammatory condition of the gallbladder. It can occur as an acute process or as a chronic condition. It is most often caused by gallstones that have formed in the gallbladder.

Acute cholecystitis: refers to the rapid and persistent onset of symptoms that will generally progress to a life threatening infection if left untreated. This can range from an abscess forming in the gallbladder (referred to as an empyema) to the gallbladder becoming gangrenous and perforating. Acute cholecystitis is usually brought on by complete obstruction of the outlet of the gallbladder by gallstones.

Chronic Cholecystitis: refers to a condition of intermittent symptoms related to temporary obstruction of the gallbladder usually by gallstones.

Acalculous Cholecystitis: refers to a process, either acute or chronic, that involves the gallbladder, but is not associated with gallstones and generally requires removal of the gallbladder.

Symptoms: symptoms are generally upper abdominal pain often radiating into the back or shoulder blades often brought on by meals. Other symptoms include nausea, vomiting, bloat-

## RISKS OF LAPAROSCOPIC CHOLECYSTECTOMY

Just about every procedure or test in medicine has known and unknown risks. While laparoscopic cholecystectomy is generally quite safe, complications have been known to occur. These may be related to the underlying disease process or to the procedure itself and may include bleeding, infection, injury to the bowel, injury to the main bile duct in the form of leaks or narrowing, and the possible need to convert to an open procedure. Additional risks include blood clots in the leg that can go to your lung. To reduce this risk, we take steps to prevent clots from forming in the legs. While these potential risks are infrequent, they do need to be considered in deciding to proceed with any procedure.

**Anesthesia:** The use of general anesthesia is required for this procedure. Risks associated with general anesthesia are likewise infrequent but can include medication reactions, respiratory problems, cardiac arrhythmias or cardiac arrest and even death. The most frequent side effect is nausea.

## ALTERNATIVES TO LAPAROSCOPIC CHOLECYSTECTOMY

Unfortunately the non-operative options for treating cholecystitis are generally ineffective.

No Treatment - this can allow the disease process to proceed to a life-threatening condition such as pancreatitis, ascending cholangitis, and gangrenous cholecystitis. In general once you develop symptoms you are more likely to develop these complications than you are to have an adverse event during surgery.

Dissolution Therapy- this includes such medications as Actigol which has a very low incidence of success with gallstones, takes many months to years to produce a decrease in gallstones and must be taken indefinitely or symptoms return.

Lithotripsy- although useful in treating kidney stones it has proven unreliable in treating gallstones. Newer contact lithotriptors have been used to break up stones in the main bile duct to facilitate their removal but still require operative intervention.

## PREPARATION FOR LAPAROSCOPIC CHOLECYSTECTOMY

You will be required to be NPO after midnight (which means you are to take nothing by mouth after midnight) the night before your surgery. If you are taking medications review these with myself or the anesthesiologist to see which if any may be taken after midnight.

**NOTE:** If you are on aspirin or an aspirin like products, you should discontinue these 1 week before surgery. Like wise if you are on Coumadin, Plavix or other blood thinner, discuss this with me before surgery to see when and if they are to be held.

Following your operation, you will be given a sheet of postoperative instructions that I have developed. If these were not provided at the hospital, please contact my office for these instructions.

## LIFE AFTER CHOLECYSTECTOMY

In general there are no dietary restrictions following cholecystectomy. Some individuals may note that they cannot tolerate quite as heavy a meal as they once could and that they may get cramps or diarrhea if there are excess fats in the diet. In practice this is rarely noted.