OAKVILLE COLORECTAL
GROUP

General and MIS Colorectal Surgeons
3075 Hospital Gate, Suite 314
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Patient Information and Consent for Laparoscopic Cholecystectomy

Important things you need to know

Patient choice is an important part of your care. You have the right to change your mind at any time, even after you have given consent and the procedure has started (as long as it is safe and practical to do so). If you are having an anaesthetic you will have the opportunity to discuss this with the anaesthetist prior to the procedure.

We will also only carry out the procedure that is described on your consent form unless, in the opinion of the health professional responsible for your care, a further procedure is needed in order to save your life or prevent serious harm to your health.

However, there may be procedures you specifically do not wish us to carry out and these can be recorded on the consent form.

About laparoscopic cholecystectomy

This is an operation to remove the gall bladder using key-hole surgical techniques. The gallbladder is being removed because it is either giving you pain due to gallstones, or you have a small growth within the gallbladder. These small stones form in the gallbladder and can cause a range of problems including pain, jaundice, infection and pancreatitis. Gallstones are very common but do not always cause symptoms. Gallstones that are not causing trouble can usually be left alone.

Your liver has many functions, one of which is to produce a substance called bile. This green liquid drains from the liver to the intestine via the bile duct. The gallbladder is a small reservoir attached to the side of the bile duct. The small amount of bile produced while we are not eating can be stored and concentrated here between meals. When we eat particularly fatty foods, the liver makes more bile and the gallbladder also contracts and empties this extra stored bile into the bile duct. It then travels to the intestine to mix with the food. Bile has many functions, one of which is to allow us to absorb fat. The gallbladder sits just under the liver, which is in the right upper part of the abdomen, just under the ribs.

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We can manage without the gallbladder. Very rarely, patients notice that their bowels are a little looser than before the operation. You will be able to eat a normal diet after your operation.

Intended benefits

Removing the gallstone will prevent the pain that you are getting from gallstones. If you have having surgery for a gallbladder polyp, this procedure will remove the gallbladder and the polyp, and will prevent the polyp from developing into any more worrisome lesions.

Who will perform my procedure?

The surgeon whose name is on the consent form will be the primary surgeon who performs your procedure. However, other suitably trained surgeons may also be involved in your care during your procedure as directed by your primary surgeon.

Before your admission

Some patients will need to attend the pre-operative clinic, which is usually run by specialist nurses and anaesthesiologists. At this clinic, they will ask for details of your medical history and carry out any necessary clinical examinations and investigations. Please ask them any questions about the procedure, and feel free to discuss any concerns you might have at any time.

They will ask if you take any tablets or use any other types of medication either prescribed by a doctor or bought over the counter in a pharmacy.

Please bring all your medications and any packaging (if available) with you. Please tell the ward staff about all of the medicines you use. If you wish to take your medication yourself (self-medicate), please ask your nurse. Pharmacists visit the wards regularly and can help with any medicine queries.

Your operation will require a general anaesthetic. You will see an anaesthetist before your procedure to discuss the best options for you.

Hernia surgery is usually performed as a day case procedure. Sometimes we will recommend you stay in hospital overnight after your operation. This will be discussed with you when you are seen in clinic.

Hair removal before an operation

If you need hair removal from the surgical site this will be done using an electric hair clipper with a single-use disposable head, after you have been anaesthetised. Please do not shave the

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hair yourself or use a razor to remove hair, as this can increase the risk of infection. Your healthcare team will be happy to discuss this with you.

It may be necessary during the procedure to shave other areas of your body if appropriate to allow equipment/machines, for example diathermy machines (used to seal blood vessels), to stick to your skin to achieve the best and safest performance.

During the procedure

Four small holes (about 5-10mm long each) are made in the abdominal wall. Through these, special long instruments are used to free up the gall bladder from underneath the liver, after which it is completely removed. This is all visualised on a monitor by a miniature camera inserted through one of the four key-holes.

Under certain circumstances, extra steps must be taken to confirm the anatomy prior to safely removing the gallbladder. This can involve placing a small tube in the bile duct and taking an x-ray. If there is some difficulty in removing the gallbladder, occasionally a more tradition "open" surgery is required to remove the gallbladder. This involved making a larger incision beneath the rib cage. The consequence of this is that you will need to be admitted to the hospital afterwards and your recovery will be prolonged. The risk of having to convert to an open procedure is about 1%.

After the procedure

Once your surgery is completed you will usually be transferred to the recovery unit (PACU) where you will be looked after by specially trained nurses, under the direction of your anaesthesiologist. The nurses will monitor you closely until the effects of any general anaesthetic have adequately worn off and you are conscious. They will monitor your heart rate, blood pressure and oxygen levels too. You may be given oxygen via a facemask, fluids via your drip and appropriate pain relief until you are comfortable enough to be discharged home.

Eating and drinking.

After your operation, you may drink and eat as soon as you feel like it.

Getting about after the procedure.

It is safe to perform light duties immediately after the operation, but you should avoid heavy lifting (>10 lbs) for four to six weeks.

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Driving

You can drive once you are confident that you can brake in an emergency and turn to look backwards for reversing without fear of pain in the wound. This usually takes about 7-14 days. If in doubt you should check with your insurers.

Leaving hospital.

Typically you will be able to be discharged home later the same day. However, occasionally it is recommended that you say in overnight due to other medical conditions that you may have.

Resuming normal activities including work.

You should be able to resume normal office work within 7-14 days, and fully activities within 2-4 weeks.

Special measures after the procedure.

There are no stitches to remove. You can shower normally for the first 7 days and then you can soak in a bath and peel the plastic dressing off and leave the wound open to the air. If the wound becomes red, hot or mucky, see your GP, local ER or surgeon in case you have a wound infection and need antibiotics. Expect some numbness beneath the scar - this may be temporary or permanent.

Pain control.

Local anaesthetic is usually injected into the wounds to minimise pain immediately after surgery and this lasts for four to six hours. You will be given pain killers to take home and should take these regularly for the first few days.

It is normal to have some discomfort after your operation; you will not be pain-free.

We use a multi-modal approach to pain management to help reduce the need for narcotics for your pain management. We recommend that you take Tylenol (Acetaminophen) and Advil (Ibuprofen) regularly for the first 48 hours, whether you are having pain or not. They work in different ways to reduce pain, so taking them at the same time is safe to do. Studies show that 90% of patients will have good pain control with these medications alone, and will not require anything stronger. However, you will be given a prescription for a strong pain medication called Hydromorphone (Dilaudid). Only fill this prescription if the Acetaminophen and Ibuprofen do not control your pain in the first 6 hours.

Please notify your surgeon if you have a history of stomach ulcers, liver disease, kidney disease or allergies to any of these medications.

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As the discomfort subsides you will need less pain relief but you may not be fully comfortable for two to four weeks.

In the period following your operation you should seek medical advice if you notice any of the following problems:

- increasing pain, redness, swelling or discharge
- severe bleeding
- difficulty in passing urine
- high temperature over 38° or chills
- nausea or vomiting.

Check-ups and results.

Please call your surgeon's office *within 1 week of your surgery* to book a follow up appointment for 5-6 weeks.

Significant, unavoidable or frequently occurring risks of this procedure

As with all operations there are small risks. These are assessed on an individual basis depending upon a patient's fitness and this should be discussed with your specialist prior to surgery. However, overall this is a very safe operation.

There is a 1 in 400 risk of an injury to the bile duct, which will need further procedures or operations to repair the damage.

There is a small risk of bleeding, infection and hernia formation following this procedure.

In the event of a stone or stones being found in the bile duct (4% risk), further procedures will be required.

There is a 1 to 3% risk of the key-hole operation being converted to an open traditional gallbladder operation and the chances of this happening are higher in complex cases and in those patients who have had previous surgery.

Like any other operation, complications such as infection, bleeding, chest infections, adhesions, hernia, deep vein thrombosis (DVT) and pulmonary embolus (PE) can occur.

In the longer term, there is 15-20% incidence of persistence of pain or discomfort following the

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removal of the gallbladder. This is more likely to happen if there was any uncertainty regarding the gallbladder being the actual cause of the pain prior to the operation. If your symptoms persists after two to three months after surgery please contact your GP.

There is a 1-3% risk of developing persistent diarrhea following the removal of the gallbladder. In most cases the diarrhea stops soon after surgery. In some cases it can last for years. Treatment includes anti-diarrheals medication, or medications that absorb bile acids such as cholestyramine.

Alternative procedures that are available

Unfortunately, there are no non-surgical alternatives; the only successful treatment is to remove the gallbladder and gallstones completely. The results of this operation are very good and most patients can then return to eating a normal diet.

Anaesthesia

Anaesthesia means 'loss of sensation'. There are three types of anaesthesia: general, regional and local. The type of anaesthesia chosen by your anaesthetist depends on the nature of your surgery as well as your health and fitness. Sometimes different types of anaesthesia are used together.

Before your operation

Before your operation you will meet an anaesthesiologist who will discuss with you the most appropriate type of anaesthetic for your operation, and pain relief after your surgery.

To inform this decision, they will need to know about:

- Your general health, including previous and current health problems
- Whether you or anyone in your family has had problems with anaesthetics
- Any medicine or drugs you use
- Whether you smoke
- Whether you have had any abnormal reactions to any drugs or have any other allergies
- Your teeth, whether you wear dentures, or have caps or crowns

Your anaesthetist may need to listen to your heart and lungs, ask you to open your mouth and move your neck and may review your test results.

Preoperative Checklist

Before starting your anaesthesia the medical team will perform a check of your name, personal details and confirm the operation you are expecting.

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You will change into a gown before your operation and we will take you to the operating room. When you arrive in the operating room, monitoring devices may be attached to you, such as a blood pressure cuff, heart monitor (ECG) and a monitor to check your oxygen levels (a pulse oximeter). An intravenous line (drip) may be inserted and you may be asked to breathe oxygen through a face mask.

General anaesthesia

During general anaesthesia you are put into a state of unconsciousness and you will be unaware of anything during the time of your operation. Your anaesthesiologist achieves this by giving you a combination of drugs.

While you are unconscious and unaware your anaesthesiologist remains with you at all times. They monitor your condition and administers the right amount of anaesthetic drugs to maintain you at the correct level of unconsciousness for the period of the surgery. Your anaesthesiologist will be monitoring such factors as heart rate, blood pressure, heart rhythm, body temperature and breathing. They will also constantly watch your need for fluid or blood replacement.

What will I feel like afterwards?

How you will feel will depend on the type of anaesthetic and operation you have had, how much pain relieving medicine you need and your general health.

Most people will feel fine after their operation. Some people may feel dizzy, sick or have general aches and pains. Others may experience some blurred vision, drowsiness, a sore throat, headache or breathing difficulties.

When the effects of the anaesthesia wear off you may need pain relieving medicines.

What are the risks of anaesthesia?

In modern anaesthesia, serious problems are uncommon. Risks cannot be removed completely, but modern equipment, training and drugs have made it a much safer procedure in recent years. The risk to you as an individual will depend on whether you have any other illness, personal factors (such as smoking or being overweight) or surgery which is complicated, long or performed in an emergency.

The specific risks of anaesthesia will be discussed with you by your anaesthesiologists at your preoperative clinic appointment.

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ACKNOWLEDGEMENT

By signing below and the attached surgical consent form, you acknowledge that you have read and understood the patient information about this procedure, that the procedure has been discussed with you by your surgeon, and that you have no further questions and wish to go ahead with the procedure.

Name (Print): ……

Signature: …… Date: ……