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GALLSTONES AND LAPAROSCOPIC CHOLECYSTETOMY

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.

The gallbladder acts as a storage area for your bile that is made in the liver. The bile is secreted by your gallbladder into the bowel when you eat. The bile coats fats that you eat helping your body absorb the fat into your blood stream. The gallbladder can be removed without any side effects and does not affect your nutrition or your diet.

COMMON SIGNS AND SYMPTOMS

There is usually pain over the gallbladder on the right side of the upper abdomen or the pain may be in the upper part of the middle of the 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 history, doing a physical examination, and considering the laboratory reports.

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 8-inch incision below the right rib cage. With newer techniques, it now is possible to do a laparoscopic operation. This is done by using a telescope inserted into the abdomen. Three, possibly four, 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.

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 in the standard fashion 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 4, possibly 5, incisions each about 1 inch long through which the instruments will be introduced. The incisions are placed through the navel and over the gallbladder (Fig. 1).

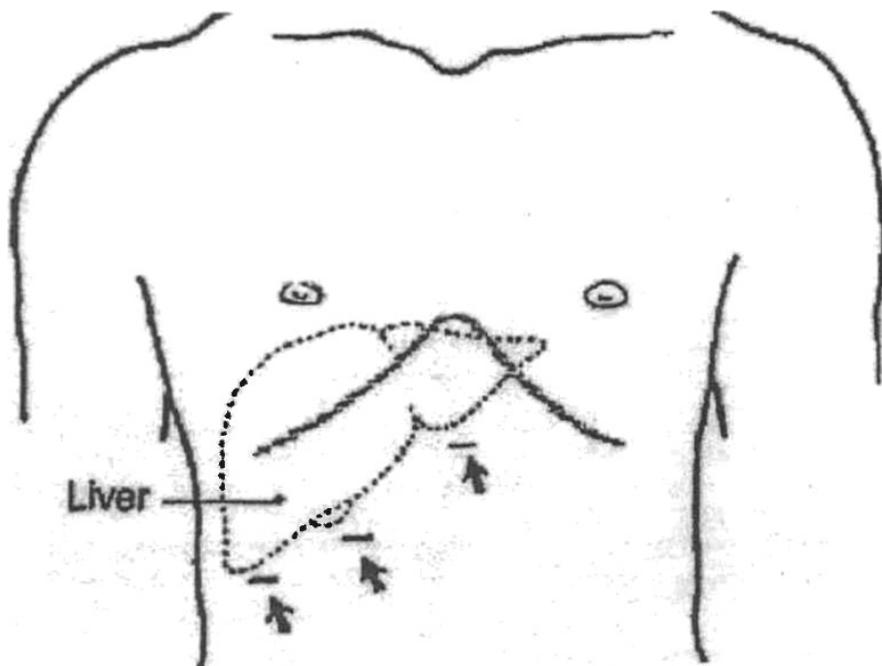


Figure 1. The location and the relative size of the incisions

COMPLICATIONS

The most common complication is an infection in the navel (2 in 100). When the abdomen is first entered, there is a small chance (< 1 in 100) of injury to the bowel or a blood vessel which would lead to bleeding. These problems would need to be fixed and would likely require an open operation. During removal of the gallbladder, the bile ducts connecting the gallbladder to the liver may be injured. The chance of this complication is 1 in 500. However, this complication would also require an operation to repair the injury.

POSTOPERATIVE CARE

You will wake up in a recovery room. Your pulse, blood pressure, and respirations will be monitored. When your vital signs are normal, you will be discharged home. Occasionally, a patient may need to stay overnight in the hospital.

Pain can be controlled with medicine.

You may have some discomfort in your right shoulder.

Homecare Following a Laparoscopic Cholecystectomy

- Start with a liquid diet then advance to regular food as tolerated.
- A temperature less than 100 degrees may persist for one day or so. This mild fever is normal. If your fever is higher than 101 degrees, call the office.
- It is normal to feel tired for several days. Your physical activity is not restricted but you will be sore and you should not overdo it. If you have pain and discomfort when doing activity then you are probably trying to do too much. If you do not have pain or discomfort, feel free to do as much as you want.
- For mild pain, you may take Tylenol or other over the counter pain medications. Take prescribed pain medication only if needed. Use other medications as directed. Some prescription pain medications contain acetaminophen. You should not take more than 4000 mg of acetaminophen a day.
- If you have difficulty with bowel movements, you may take any laxative (such as Milk of Magnesia) twice a day until you have a bowel movement.
- It is common for the first several bowel movements to be diarrhea but this should not last for a long time.
- You may take a shower 24 hours after your surgery. Do not sit in a bath or swim until 10 days after surgery. You may remove your dressings 2-3 days after surgery.
- Leave the Steri-Strips on for 10 days.
- If the area around the incisions turn red and there is any drainage then call the office.
- You may resume driving when you no longer need prescription pain medications.

Call the office for a postoperative clinic appointment which should be 2-3 weeks after surgery.

When to Call the Doctor

Call your health care provider if you have any of the following symptoms:

- A fever higher than 101 degrees F.
- Pain not controlled with pain medications.
- Persistent nausea and/or vomiting.

If you have questions please call the office at (307) 332-6222, Monday through Friday, 8:00 a.m. to 5:00p.m.