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আপনার যদি এই পত্রের অনুবাদের দরকার হয়,
তাহলে দয়া করে যোগাযোগ করুন :

Patient Advice and Liaison Service (PALS)
01932 723553

LAPAROSCOPIC CHOLECYSTECTOMY

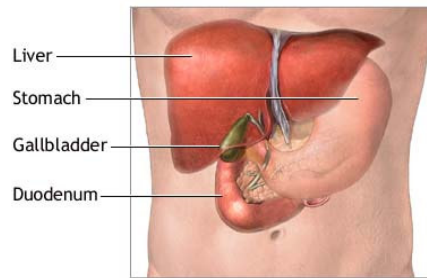
Removal of Gall Bladder

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PATIENT INFORMATION

GALLSTONES AND THE PROBLEMS THEY CAN CAUSE

The gallbladder is a small pouch that sits under the liver. Bile is a digestive juice that is produced in the liver and passes into the gallbladder where it is stored until it is needed. When you eat food, especially fatty food, the gall bladder squeezes out bile to help digestion.



ADAM.

Gallstone disease is one of the most common problems of the digestive system. It may occur when the amount of bile and other digestive fluids inside the gall bladder become unbalanced and solidify. 1 in 10 people have gall stones but symptoms only occur when these stones block the exit of digestive juices from the gall bladder to the intestine.

Symptoms include severe upper abdominal pain extending into the back, bloating, nausea or vomiting. Occasionally a yellow discolouration of the skin called jaundice can occur.

In people who have symptoms caused by gall stones, removal of the gall bladder is usually the best treatment. The body can function perfectly well without a gall bladder.

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SURGICAL TREATMENT

Removal of the gallbladder is called a **cholecystectomy**.

The most common way to remove a gall bladder is using a '**laparoscopic**' [keyhole] technique. This is called a **laparoscopic cholecystectomy**.

A laparoscope is a small telescope that is connected to a light and a camera to look inside the abdomen. Three to four small incisions are made to insert the laparoscope and other instruments. Gas is passed into the abdomen to help visualise the gall bladder before it is removed.

An x-ray is sometimes taken to ensure no stones are left in the bile ducts. The small incisions are then closed. Because the incisions are small, laparoscopic [keyhole] surgery is less painful than open surgery.

Most people can go home the same day after a laparoscopic cholecystectomy.

Occasionally the surgeon may need to convert from a **laparoscopy** to an **open cholecystectomy**. This is a safe and effective operation but leaves a longer scar and therefore requires two to three nights in hospital. This is not a complication of surgery but will be done if your surgeon feels it to be safer.

PREVENTATIVE MEASURES OR ALTERNATIVE TREATMENTS

A low fat diet can sometimes help with the symptoms. Antibiotics can help treat an infection, but they do not eliminate the stones. Taking the gallbladder out is frequently necessary to control the symptoms.

RISKS AND COMPLICATIONS

Risks

Serious problems due to laparoscopic cholecystectomy are uncommon. However surgery of any type does have risks. You need to know about them so you can decide whether to undergo surgery. Risks and complications include those related to anaesthesia and to any type of surgery.

Some risks related to anaesthesia include:

- Pneumonia, Heart attack or stroke. These are rare.
- Blood clots in the leg which may show up a few days after surgery, causing the legs to swell and hurt.

Clots can be dislodged from the legs and travel to the lungs, where they may cause shortness of breath, chest pains and, possibly, even death. Sometimes the shortness of breath can happen without prior warning. **It is therefore important to let your doctors know if any of these symptoms occur.**

Getting out of bed shortly after surgery may help decrease the risk of blood clots. To help prevent blood clots developing, you will receive a blood thinning injection and surgical stockings will be provided.

If you have difficulty contacting a nurse you should attend Accident and Emergency at St Peters Hospital.

DELAYED SYMPTOMS - AFTER 48 HOURS

If you have any delayed symptoms such as

- Continuing abdominal pain
- Fever and heavy wound discharge
- Yellow discolouration of your skin (Jaundice)
- Vomiting or abdominal bloating

Please see your GP or contact Mr Menezes secretary on **(01932 723 464)** and we will arrange an urgent clinic appointment.

FOLLOW UP APPOINTMENT

You will receive an appointment to see Mr N Menezes at his clinic 2 weeks after the operation.

FURTHER INFORMATION

Additional information can be obtained by logging on to www.netdoctor.co.uk Gall bladder disease.

Subject to their regulations, provided you feel well enough to do so, you may drive one week after your operation.

RETURNING TO WORK

Providing your job does not involve physical exertion, you may return to work as soon as you feel able to do so.

Most people feel ready to return to work within a fortnight.

You can obtain a certificate to cover the duration of your hospital stay from nursing staff. Subsequent certificates should be obtained from your GP.

CONTACTING US FOR HELP AND ADVICE

You will receive a call from the day surgery nurse on the day after your operation

Please contact us if

- **You have severe abdominal pain**
- **Persistent vomiting**
- **Dizziness or fainting**
- **Fresh bleeding from the wounds**

Between 08.00 and 20.00 please call the Surgical Assessment Unit at St. Peter's Hospital on **01932 723941**.

Complications after surgery can include:

- Injury to internal organs
- Leakage of bile or bile duct injury
- Injury to major blood vessels
- Gas embolism (bubble of carbon dioxide gets into a blood vessel) this can be life threatening but is rare
- Bleeding, either during or after the operation. This may necessitate a blood transfusion, or another operation
- Infection, deep or at skin level. Deep infections may involve the abdominal cavity itself, and is known as peritonitis. Treating deep infections may require long-term antibiotics and possible surgery
- Skin scar
- Hernias through the incisions are possible. This happens if the internal wall of the abdomen is weak and intestines push under the skin and may necessitate another operation.

Benefits

Obviously, following removal of your gall bladder you will not experience the symptoms previously shown and, after a short period of rest, you will ultimately be able to return to a normal routine. You should be able to eat a normal diet soon after the operation.

WHAT HAPPENS AFTER THE OPERATION? (SEE ALSO 'POST-OP PAIN RELIEF')

After the operation is performed, you are transferred to the recovery room and then to the ward. After one to two hours you will be encouraged to drink and eat a biscuit or light meal. Your nurse will also help you to get up and walk around as soon

as possible so that blood can circulate in your legs, preventing clots.

If you are tolerating food and drink, and are not feeling too nauseous, you will go home the same day.

RECOVERING AT HOME

You may feel tired for several days following your operation. Listen to what your body is telling you and be prepared to rest when necessary.

On the first day after discharge, you should stay at home and rest. Moving around in the house, intermittently, will allow better circulation of blood in your legs.

Gentle exercise is an important part of recovery. Gradually increase activities as you feel fit.

During the first 24 hours after your operation

- **Do not drive or operate a motorised vehicle or equipment**
- **Do not sign any legal documents or make any important decisions**
- **Do not drink any alcohol**

Following your operation, it is common to experience some abdominal bloating and colicky discomfort. Trapped wind in the abdomen can also cause pain that is felt in your shoulder and neck. This will gradually diminish as your bowel function and overall mobility return to normal.

You will have been given painkillers to take home. These will be most effective if taken regularly. Take care not to exceed the dosage specified on the container. Further supplies of the painkillers can be obtained from your GP.

DIET

You may eat and drink normally, but if you suffer from post-anaesthetic nausea, you will find a light diet more easily tolerated. You may find that the painkillers cause you to become a little constipated. If this is the case natural remedies, such as high fibre diet, e.g. an increased intake of fruit, vegetables, bran etc and 2-3 litres of fluid per day will be beneficial.

If, however, you have not opened your bowels for more than three days and are beginning to feel uncomfortable, a mild laxative may also be required.

WOUND CARE

You will have 3 - 4 small cuts on the abdominal wall which have been stitched with dissolving stitches. Small paper strips, which will fall off in a few days, have been placed on these cuts. If you feel ready, you may take a shower after 24 hours. Dab the wound dry with a clean towel and leave it uncovered.

DRIVING

You should check with your motor insurance company, as some companies will determine a set amount of time off before recommencing driving.