

# Laparoscopic Cholecystectomy

## What is Laparoscopic Cholecystectomy?

Laparoscopic cholecystectomy is a **minimally invasive surgical procedure** to remove the gallbladder. The gallbladder is a small organ under your liver that stores bile, which helps digest fats.

This procedure is typically done using **small incisions**, a camera (laparoscope), and surgical instruments to remove the gallbladder without a large open incision.

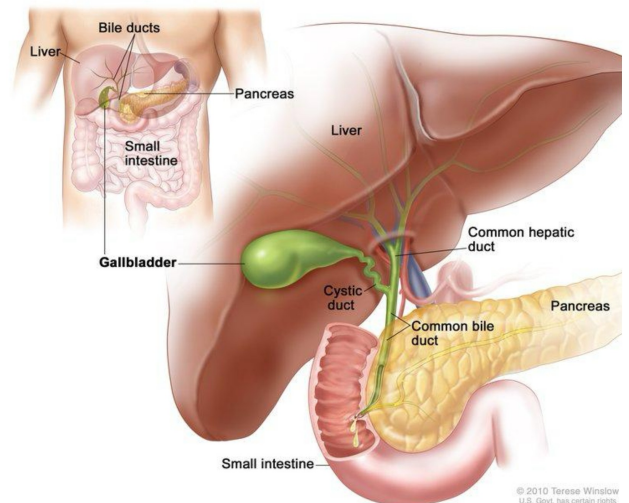
## Why Might I Need This Surgery?

The most common reason is **gallstones**, which can cause:

- Pain (often in the upper right abdomen)
- Nausea and vomiting
- Infections (cholecystitis)
- Pancreatitis (inflammation of the pancreas)

Other indications include:

- Gallbladder polyps
- Biliary dyskinesia (poor gallbladder function)
- Gallbladder cancer (rare)



## Benefits of Surgery

- Relief from recurrent pain or discomfort
- Prevention of further complications like infection or pancreatitis
- Minimally invasive procedure means:
  - Shorter hospital stay
  - Quicker recovery
  - Less scarring
  - Lower risk of wound infection

## What Are the Alternatives?

- **Watchful waiting:** If gallstones aren't causing symptoms.
- **Medications:** Oral bile acids (e.g., ursodeoxycholic acid) may dissolve stones but often take months and are rarely effective for all stone types.
- **Dietary management:** Reducing fatty food intake can help minimize symptoms but doesn't treat the underlying issue.

Discuss with your surgeon whether these are appropriate for your case.

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## How is the Surgery Performed?

1. You will receive **general anaesthesia**.
2. 3–4 small incisions are made in your abdomen.
3. A camera and surgical instruments are inserted.
4. The gallbladder is carefully dissected and removed.
5. The incisions are closed with sutures or staples.

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## Recovery and Expected Outcomes

- Most patients go home the **same day or next day**.
- Return to light activities within **3–5 days**.
- Return to work (depending on type) within **1–2 weeks**.
- Full recovery typically in **2–3 weeks**.
- No heavy lifting/exertion for six weeks.

Most people experience **complete resolution** of gallbladder-related symptoms. Your digestion will generally return to normal, though some patients may experience changes in bowel habits temporarily.

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## Important Considerations Before Surgery

- Stop smoking to reduce surgical risk.
- Discuss any medications you're taking (e.g., blood thinners).
- Make arrangements for someone to drive you home after surgery.

## What Are the Risks and Complications?

All surgical procedures carry some risk. For most patients, **laparoscopic cholecystectomy is a safe and routine procedure**. However, risks can vary depending on your age, general health, and any pre-existing conditions.

### General Risks of Any Surgery or Anaesthesia

These risks apply to most operations:

Complication	Estimated Risk
Reaction to general anaesthetic	1 in 10,000 serious reactions (most are minor: nausea, sore throat)
Bleeding requiring transfusion	<1 in 100
Infection of the wound	1–3 in 100
Deep vein thrombosis (DVT)	1 in 1,000–2,000
Pulmonary embolism (PE)	1 in 10,000–20,000
Heart attack during/after surgery	1 in 10,000 (higher in patients with cardiac history)
Stroke	1 in 10,000
Chest infection (e.g., pneumonia)	1–2 in 100 (higher in smokers and elderly)
Death	Extremely rare for elective laparoscopic cholecystectomy: 0.1% or 1 in 1,000 (mostly in high-risk patients)

### Specific Risks of Laparoscopic Cholecystectomy

Complication	Estimated Risk
Bile duct injury (may require further surgery)	1 in 500 to 1 in 1,000
Bile leak (from cystic duct stump or accessory ducts)	1 in 100 to 1 in 200
Retained stones in bile duct (may need endoscopy or repeat surgery)	1 in 100
Injury to nearby organs (bowel, liver, blood vessels)	1 in 1,000
Conversion to open surgery (larger incision)	1 in 20 (5%)
Hernia at port site	1 in 100
Temporary diarrhoea or indigestion	Up to 20% in early weeks
Persistent symptoms (rare)	1–5 in 100

## Things That Increase Risk

- Age over 65
- Obesity
- Smoking
- Pre-existing lung or heart disease
- Emergency surgery (versus planned elective)

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## Evidence-Based Resources for Patients

1. **Healthdirect Australia**  
<https://www.healthdirect.gov.au/gallbladder-removal-surgery>  
(Provides clear, AHPRA-aligned and government-approved patient information.)
2. **Royal Australian College of General Practitioners (RACGP)**  
<https://www.racgp.org.au> → Search "gallbladder surgery"  
(Useful for understanding primary care and referral context.)
3. **Better Health Channel (Victoria State Government)**  
<https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/gallbladder-removal-cholecystectomy>  
(Trusted, consumer-friendly resource on surgery and recovery.)

*Source: Australian and New Zealand College of Anaesthetists (ANZCA), NHS Digital, AIHW surgical safety data*

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## Contact Details

If you experience fever, severe abdominal pain, any deterioration, or persistent vomiting after surgery, **seek medical attention immediately.**

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*This sheet is provided for general patient education and does not replace direct consultation with your healthcare provider.*

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## Write your questions or notes here

### **Compliance Statement (Internal / Accreditation)**

This document aligns with:

- **Royal Australasian College of Surgeons (RACS)** – *Informed Consent: A Guide for Surgeons*
- **Medical Board of Australia (AHPRA)** – *Good Medical Practice*
- **ANZCA** – *Guidelines on Informed Consent for Anaesthesia*
- *\*Australian Commission on Safety and Quality in Health Care (ACSQHC)*



## Consent for Laparoscopic Cholecystectomy

### Informed Consent Checklist

Please read and tick each box:

- I understand why laparoscopic cholecystectomy is recommended
- I understand what the surgery involves, including removal of the gallbladder
- I understand the expected benefits and that symptom relief cannot be guaranteed
- I understand the general and specific risks, including rare but serious complications
- I understand the reasonable alternatives, including non-surgical options
- I have had adequate time to ask questions, and they were answered clearly
- I have provided accurate medical information, including medications and allergies
- I understand the recovery process and post-operative restrictions
- I understand that unexpected findings or complications may require further treatment
- I understand that consent is voluntary and can be withdrawn at any time

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### Statement of Consent

I confirm that:

- I have read and understood the information provided
- The procedure, risks, benefits, and alternatives have been explained
- I consent to undergo **laparoscopic cholecystectomy**

**Patient Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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### Surgeon Declaration

I confirm that I have:

- Discussed the procedure, risks, benefits, and alternatives
- Answered the patient's questions
- Assessed the patient's capacity to provide informed consent

**Surgeon Name: Dr Suzanne Ma**

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_