

For staff use only:
Patient Details:
Surname:
First names:
Date of birth:
Hospital no:
Male/Female:
(Use hospital identification label)

West Suffolk Hospital

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Laparoscopic Cholecystectomy

For staff use:

Does the patient have any special requirements? (Eg interpreter or other communication method)

.....

.....

.....

Please bring this form with you to hospital.

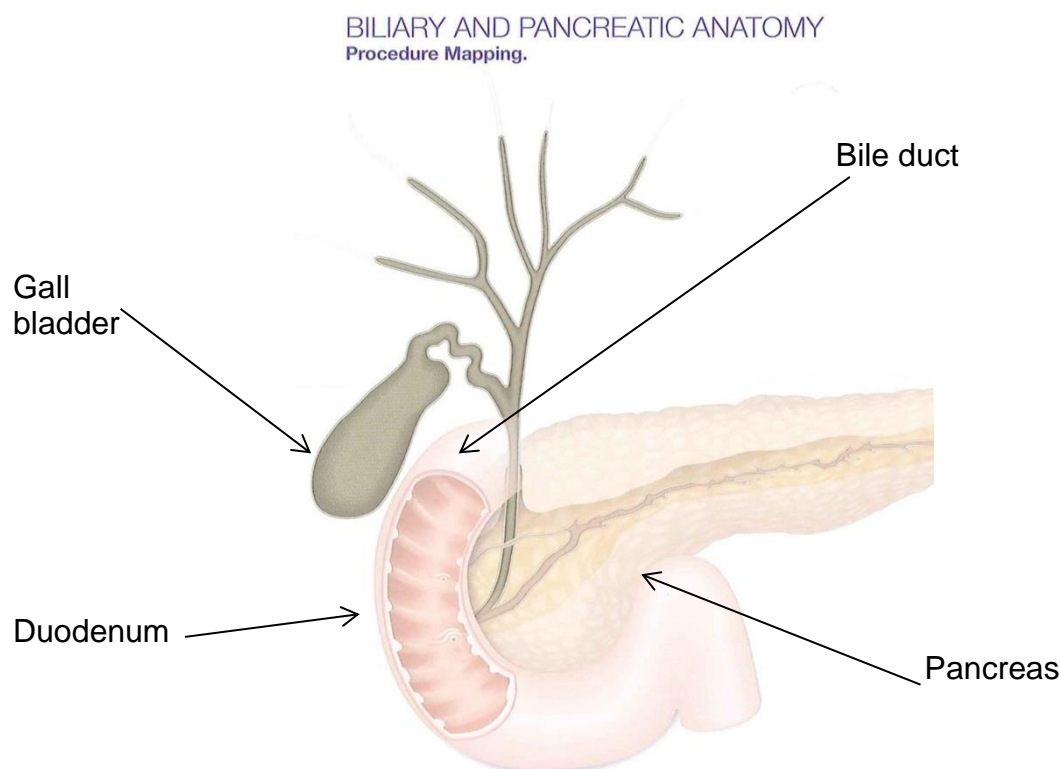
You will be asked to read the consent form carefully and you and your doctor (or other appropriate medical practitioner) will sign it to document your consent.

Patient information

Laparoscopic Cholecystectomy

What is the gallbladder?

The gallbladder is a pear shaped sac approximately 5-10cm long which lies beneath the liver in the top right side of the abdomen. It temporarily holds bile, a liquid made by the liver, then squeezes to release it when we eat to help digestion of fatty foods.



Problems with the gallbladder

Stones in the gallbladder are very common, especially in

- Women
- People over the age of 40
- People who are overweight
- Pregnancy

They form when there is an imbalance in the usual components of bile, usually when

there is an excess of cholesterol. Although frequently trouble-free, they can cause problems.

Most often they lead to bouts of pain as the gallbladder contracts down on them (biliary colic) and sometimes they are associated with nausea and bloating. These symptoms may be aggravated by heavy or fatty meals.

They can also cause infection where the pain is prolonged and the patient feels more unwell, for example feverish (cholecystitis).

Gallstones may cause more serious problems if they escape into the bile duct - a tube which connects the gall bladder and liver to the gut. By blocking the duct they can cause jaundice (yellow appearance to the skin and eyes), infection in the duct (cholangitis) or inflammation of the pancreas (pancreatitis).

The diagnosis of gallstones is usually confirmed with a scan of the abdomen, typically an ultrasound scan. Sometimes additional imaging techniques are needed to identify stones and their precise location.

Treatment of gallstone-related problems

Although a low-fat diet, weight loss, pain killers and antibiotics can all help with gallstone-related symptoms, removal of the gallbladder and stones is the only definitive way to prevent recurrent problems. The body can function as normal without a gallbladder. Bile simply flows directly from the liver to the gut to digest food, instead of being stored.

An operation to remove the gallbladder is called a cholecystectomy (co-lee-sist-ek-tomy) and is most often performed with keyhole (laparoscopic) surgery. The surgeon uses a camera inside the abdomen with the picture being projected onto a television monitor, and takes the gallbladder out with instruments inserted through four small abdominal cuts (incisions). This is a commonly performed operation which is very successful and without complication in the vast majority of patients. Rarely, keyhole surgery is not possible, for example if you have other medical problems that would make it unsafe, in which case an 'open' operation is undertaken, with a larger incision just below the ribs and removal of the gallbladder under direct vision.

In some people, the general anaesthetic needed for an operation to remove the gallbladder might not be suitable or more immediate intervention to treat gallstones may be needed. In some patients, a procedure called an ERCP can be undertaken. A fibre-optic scope (endoscope) is inserted into the gut via the mouth and gullet to retrieve stones stuck in the bile duct. The bottom end of the duct can also be widened at the same time so that any future stones escaping into the duct can pass more easily.

An ERCP may also be recommended two to three weeks after the operation to remove stones that may have slipped out of the gallbladder before its removal, and gotten stuck in the bile duct.

The operation

Laparoscopic cholecystectomy usually takes between 45-90 minutes. Most patients come to hospital on the morning of surgery and are well enough to leave later the same day.

The operation is performed under a general anaesthetic so you are asleep and unaware of the procedure. Once asleep, a tube in your throat will help with your breathing. In preparation for the anaesthetic you will be told not to eat or drink for six hours prior to surgery.

The first part of the operation involves the insertion of a 1 cm wide tube (termed a port) into the abdomen at the belly button. Through this port gas (carbon dioxide) is used to gently inflate the abdomen and a telescopic camera is inserted to view the gallbladder on a video monitor. A further 3 ports are then placed through which surgical tools are used to remove the gallbladder.

During the operation, the bile duct may be assessed if there is a suspicion that stones have slipped out of the gallbladder into the duct. This can be done with a special dye and x-rays (a cholangiogram) or an ultrasound probe. With the use of x-rays it is important that women inform the surgical team if there is any chance they may be pregnant.

The 1-2cm skin incisions are closed together with either dissolvable stitches and/or narrow steri-strips and then covered by dressings. Some local anaesthetic to numb the skin and therefore reduce the discomfort around the incisions is usually injected at this time.

Recovering from the operation

In the immediate 24 hours after the operation you can expect some degree of discomfort, such as abdominal or shoulder tip pain which can be controlled with regular simple painkillers. You may also have a sore throat from the anaesthetic tube, some nausea or diarrhoea which usually settle quickly.

Most patients are able to eat and drink 4-6 hours after the operation, and if comfortable walking around will be able to leave hospital the same day.

On discharge a nurse will give advice on looking after the dressings, hygiene and bathing. You will not routinely need to be seen in the outpatient clinic after the operation if surgery has been straightforward.

At home it is possible to find daily activities quite tiring for a few days or so and it is important to avoid strenuous activity or heavy lifting. It is reasonable to expect a return to normal activities, including work after about a week.

Driving is possible once an emergency stop can be performed without discomfort – generally after 1-2 weeks. There are no specific dietary restrictions having had the gallbladder removed.

An open cholecystectomy takes a longer time to recover from. The average length of hospital stay after this operation is 3-5 days, and you may not feel back to normal for up to 6 weeks.

Complications

Any operation carries some risk of complications. Problems which may occur with any operation are:

- Wound infections
- Excessive bleeding
- Blood clot in the leg (deep vein thrombosis)

Wound infections normally only require simple oral antibiotics and it is very rare for bleeding to be severe or require a further operation to stop it. The risk of blood clots is reduced by the use of special compression stockings.

The complications specific to laparoscopic cholecystectomy are:

- Bile leak
- Damage to the bile duct
- Damage to other organs in the abdomen

These complications are rare but potentially serious. If recognised at the time of surgery, damage to the bile duct or other organs can be repaired although the recovery from this is likely to be more prolonged (1-2 weeks in hospital).

Occasionally these injuries are picked up after the operation and a second operation is necessary.

In around 1 in 20 cases the surgeon needs to abandon the keyhole approach and convert to the open incision. This is done for technical reasons such as adhesions (scar tissue usually from previous abdominal surgery) or bleeding, and to ensure a safe operation is performed.

A small percentage of patients have persistent problems with symptoms such as pain or bloating after surgery, which may require further investigation.

Once at home after your operation, you should seek medical advice if you

- Develop a fever
- Are vomiting / unable to keep food down
- Develop pain which is not controlled with simple pain killers
- Develop jaundice (yellow skin / eyes)
- Have bleeding, pus or other discharge and redness around the wounds

Further information

Recommended sources of further information are:

- **NHS Choices**

www.nhs.uk/conditions/laparoscopiccholecystectomy/pages/introduction.aspx

- **NHS Right Care shared decision making tool for gall stones**

<http://sdm.rightcare.nhs.uk/pda/gallstones/>

- **Patient UK**

<http://patient.info/health/gallstones-leaflet>

Deciding to have an operation is rarely easy and different for every patient. If there are any issues, important to you, which have been raised either by this booklet or wider reading you should arrange to see your GP or the surgical consultant planning your operation.

If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the website for AccessAble (the new name for DisabledGo)
<https://www.accessable.co.uk/organisations/west-suffolk-nhs-foundation-trust>



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Consent form 1

Patient Details or label
Surname:
First name(s):
Date of birth:
CRN number:
NHS number:
Male/Female:

Responsible health professional :
Job title :
Special requirements :
<i>(eg other language/other communication method)</i>

Patient agreement to investigation or treatment

Name of proposed procedure or course of treatment

Laparoscopic Cholecystectomy (Keyhole removal of the gall bladder)

Statement of health professional

(To be filled in by health professional who has appropriate knowledge/training of the proposed procedure, as specified in the Hospital's consent policy)

I have explained the procedure to the patient. In particular I have explained:

- The intended benefits of the procedure, ie treat symptoms and prevent complications of gallstones
- Any serious or frequently occurring risks, eg
 - ◆ Bleeding
 - ◆ Infection
 - ◆ Bile Duct injury and/or bile leak
 - ◆ Complications of any operation/anaesthetic such as blood clots in veins, heart and breathing problems etc
 - ◆ Persisting symptoms
- Any extra procedures that might become necessary during the procedure
 - ◆ blood transfusion
 - ◆ open operation

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

This procedure will involve:

General anaesthesia

Health professional's signature Date:

Name (PRINT) Job title:

Contact details (if patient wishes to discuss options later)

Statement of the interpreter (where appropriate)

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe s/he can understand:

Interpreter's signature Date:

Name (PRINT)

Patient information leaflet and bottom copy accepted by patient: yes/no (please ring)

Patient Details or label
Surname:
First name(s):
Date of birth:
CRN number:
NHS number:
Male/Female:

Statement of patient

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy of this consent form, which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. If you have any further questions, do ask – we are here to help you. **You have the right to change your mind at any time, including after you have signed this form.**

I agree to the procedure or course of treatment described on this form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia.)

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I have been told about additional procedures that might become necessary during my treatment. I have listed below any procedures that **I do not wish to be carried out, without further discussion.**

.....

Patient's signature: **Date:**

Name (PRINT):

A witness should also sign below if the patient is unable to sign but has indicated his or her consent. Young people/children may also like a parent to sign here (see notes).

Witness's signature: **Date:**

Name (PRINT):

Confirmation of consent *(To be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form in advance.)*

On behalf of the team treating the patient, I have confirmed with the patient that s/he has no further questions and wishes the procedure to go ahead.

Health professional's signature: **Date:**

Name (PRINT): **Job title**

Important notes: (tick if applicable)

- See also advance directive/living will (eg Jehovah's Witness form)
- Patient has withdrawn consent (ask patient to sign/date here)

..... **Date:**

Consent form 1