

## Patient agreement to investigation or treatment

# Laparoscopic Cholecystectomy

**Authors:** Cambridge Upper Gastro-Intestinal Unit

**Brief description:**

- This is an operation to remove the gall bladder using key-hole surgical techniques.
- Here, we explain some of the aims, benefits, risks and alternatives to this procedure (operation/treatment). We want you to be informed about your choices to help you to be fully involved in making any decisions.
- Please ask about anything you do not fully understand or wish to have explained in more detail.
- If you would like this information in another format or language or would like help completing the form, please ask a member of our staff.

**Please bring this form with you to hospital**

- You will be asked to read this form carefully, and you and your doctor (or other appropriate healthcare professional) will sign it to document your consent.
- All our consent forms are available on the Addenbrooke's website: <http://www.addenbrookes.org.uk/consent>
- Remember, you can change your mind about having the procedure at any time.

**For staff use:**

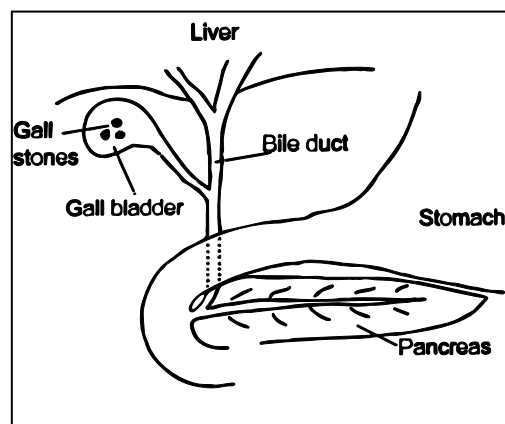
Does the patient have any special requirements? (For example requires an interpreter or other additional communication method)

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 .....

## Name of procedure: Laparoscopic Cholecystectomy

### What is the Gall Bladder?

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 (see diagram below). The gall bladder is a small reservoir attached to the side of the bile duct where bile can be stored and concentrated between meals. When we eat, particularly fatty foods, the gall bladder contracts and empties extra bile into the bile duct and then into the intestine to mix with the food. Bile has many functions, one of which is to allow us to absorb fat. The gall bladder sits just under the liver, which is in the right upper part of the abdomen, just under the ribs.



### Why might I need my Gall Bladder removed?

Usually this is because it is giving you pain due to gall stones. These small stones form in the gall bladder and can cause a range of problems including pain, jaundice, infection and pancreatitis. They are very common but do not always cause symptoms. Gall stones that are not causing trouble can usually be left alone.

### Before your procedure

- You will attend a pre-admission clinic, where you will be seen by a member of the team who will be looking after you in hospital.
- When you attend the outpatient clinic, you will be informed by the doctor you see about where your operation will be carried out. In particular, we will discuss how long you will need to stay in hospital after your operation.
- At this clinic, we shall ask you for details of your medical history and carry out a physical examination. We will arrange any investigations and tests you require. This is a good opportunity for you to ask us any questions about the procedure, but please feel free to discuss any concerns you might have at any time.
- You will be asked if you are taking any tablets or other types of medication - these might be ones prescribed by a doctor or bought over the counter in a pharmacy. It helps us if you bring details with you of anything you are taking (for example: bring the packaging with you).

- The majority of gallbladder operations we perform are now carried out as day cases although this may not be suitable for everyone. .
- Whether your procedure will be carried out as a day case or not, you will almost always be admitted to hospital on the day of your operation.
- Before your operation your anaesthetist will visit you in the ward.
- They will review your medical history. In particular, you will be asked about your medications and any health problems that you have. They will also ask you about previous anaesthetics you have had and whether you had any problems with these (for example, nausea). You will be asked if you are allergic to anything. They will also want to know about your teeth, whether you wear dentures, have caps or a plate. Your anaesthetist may examine your heart and lungs.
- Occasionally you may be prescribed medication that you will be given shortly before your operation – this is known as 'the pre-medication' or 'pre-med'. They relax you and may send you to sleep

## **During the procedure (operation) itself**

- Before your procedure, you will be given a general anaesthetic. This is usually performed by giving you an injection of medication intravenously (i.e. into a vein) through a small plastic cannula (commonly known as 'a drip'), placed usually in your arm or hand.
- While you are unconscious and unaware your anaesthetist remains with you at all times, monitoring your condition and controlling your anaesthetic. At the end of the operation, your anaesthetist will reverse the anaesthetic and you will regain awareness and consciousness in the recovery room, or as you leave the operating theatre.
- Four small holes (about 1cm long each) are made in the tummy wall. Through these, we inflate your tummy up with carbon dioxide gas which is completely harmless.
- We then use special long instruments to free up the gall bladder with its stones from underneath the liver and it is completely removed. This is all visualised on a TV screen by a miniature camera inserted through one of the four key-holes. In addition, it is sometimes necessary to perform a special X-ray during the operation called a Cholangiogram. This is used to check for stones in the bile duct.
- At the end of the operation, before you wake up, all the puncture sites in your abdomen will be treated with local anaesthetic so that when you first wake up there should be very little pain. Some patients have some discomfort in their shoulders, but this wears off quite quickly.
- The cuts we have made will be covered with small waterproof dressings.

## **After the procedure**

- You will wake up in the recovery room after your operation. You might have an oxygen mask on your face to help you breathe. You might also wake up feeling sleepy.

- After this procedure, most people will have a small, plastic tube in one of the veins of their arm. This might be attached to a bag of fluid (called a drip), which feeds your body with fluid until you are well enough to eat and drink by yourself.
- While you are in the recovery room, a nurse will check your pulse and blood pressure regularly. When you are well enough to be moved, you will be taken to a ward.
- Sometimes, people feel sick after an operation, especially after a general anaesthetic, and might vomit. If you feel sick, please tell a nurse and you will be offered medicine to make you more comfortable.

### Later on after the procedure:

- **Eating and drinking:** You will be able to drink immediately after the operation and if this is all right and you do not feel sick, then you will be able to eat something.
- **Getting around and about:** After this procedure, you can get up and about as soon as you feel comfortable.
- **When you can leave hospital:** You will be reviewed by the doctors and nursing staff on the ward after your operation. You will be allowed home after you have had something to drink and eat. We will also check that you are not feeling sick and have been able to pass urine. You will be given a supply of simple painkillers to take home. We recommend that you take these regularly for the first couple of days at home after your operation. You may feel discomfort for seven to ten days after, but simple painkillers taken by mouth are usually all that people need to enable them to be fully mobile at home.
- **When you can resume normal activities including work:** We expect you to return to normal activities in a matter of days following your procedure. You can drive again when you can comfortably make an emergency stop (generally about seven days, but must be checked in stationary car first!). Other more vigorous activities can be resumed after two weeks as you feel comfortable.
- **What happens with my dressings?** All the wounds are closed with dissolvable stitches under the skin and therefore nothing needs to be done to these after the operation. Each of the wounds is covered with a small waterproof dressing which we ask you to keep intact for five days if possible. It is shower proof but will come off in a hot bath. We suggest that you get into a hot bath on day five and gently remove the dressings and leave the wound open to the air. If they rub on your clothing you may find it more comfortable to put a small Elastoplast dressing over each wound. If you have any worries about your wounds, you should contact your GP.
- **Check-ups and results:** Before you leave hospital you will be advised about your expected recovery. We do not need to see you routinely for a check up in the clinic

but are always happy to do so if you have any problems.

## **How is this different from the traditional operation for Gall Bladder problems?**

The actual operation is the same. The only thing that differs is the way in which we get to the gall bladder to remove it. Traditionally, we make a small cut underneath the ribs (10-15cm long). This takes longer to heal than the four little holes of keyhole surgery and the recovery is slower.

## **Is there a guarantee that keyhole surgery can be done?**

No, there is no guarantee that the operation can be completed by keyhole surgery. If there is some technical difficulty with removing the gall bladder then a traditional cut would be needed to remove it. The time in hospital would be a little longer (about three to five days) and the recovery at home would be between six to eight weeks. The risk of having to convert to open surgery is small, about 1-3%.

## **Is there an alternative to surgery for Gall Stones?**

Unfortunately no alternative exists. The only successful treatment is to remove the gall bladder and gall stones completely. The results of this operation are very good and most patients can then return to eating a normal diet.

## **Can I manage without my Gall Bladder?**

Yes. The gall bladder is a reservoir for bile and we are able to manage without it. Rarely patients notice that their bowels are a little looser than before the operation but this is uncommon. You will be able to eat a normal diet after your operation, assuming that there is nothing else wrong with you.

## **Are there any risks?**

Removal of the gallbladder is a very common and a very safe procedure. However, like all operations there are small risks involved. We believe that it is very important that you are fully aware of these risks as this is important in your understanding of what the operation involves. The possible complications below are particularly important as they can mean that you need to stay in hospital for longer and that further operations or procedures are required.

- **Bleeding** – this very rarely occurs after any type of operation. Your pulse and blood pressure are closely monitored after your operation as this is the best way of detecting this potential problem. If bleeding is thought to be happening, you will require a further operation to stop it. This can usually be done through the same keyhole scars as your first operation.
- **Infection** – this can affect your scars ('wound infection') or can occur inside your tummy. Again this can happen after any type of abdominal operation. Simple wound infections can be easily treated with a short course of antibiotics. Infection inside your tummy will also usually settle with antibiotics. Occasionally, it may be necessary to drain off infected fluid from inside your

tummy. This is most frequently performed under a local anaesthetic by our colleagues in the X ray department.

- **Leakage of bile** – When we remove the gallbladder, we put special clips on the tube that connects the gallbladder to the main bile duct draining the liver. Despite this, sometimes bile fluid leaks out. If this does occur, we have a number of different ways of dealing with this. Sometimes the fluid can simply be drained off by our colleagues in the X-ray department. In other cases we will ask some other colleagues to perform a special test called an ERCP. This is a procedure where you are made very sleepy (using sedative injections) and a special flexible camera ('an endoscope') is passed down your gullet and stomach to allow the doctor to see the lower end of your bile duct. The doctor then injects a special dye that allows them to see where the bile has leaked from. If they see where the bile is leaking from, they will insert a plastic tube (called a 'stent') into your bile duct to allow the bile to drain internally. This stent is usually removed six to eight weeks after it is put in. Rarely, if a patient develops a bile leak, an operation is required to drain the bile and wash out the inside of the abdominal cavity. This can usually be performed as a keyhole procedure.
- **Injury to Bile Duct** – Injury to the main bile duct draining bile from the liver to your intestine is a rare (1 per 400 cases) complication of gallbladder surgery. We use a number of techniques during the operation to prevent this happening. If an injury occurs, it requires immediate repair so that you recover smoothly from the operation. Repair of this injury requires an open cut to be made under your ribs.
- **Injury to intestine, bowel and blood vessels** – Injury to these structures can, very rarely, occur during the insertion of the keyhole instruments and during the freeing up of the gallbladder particularly if it is very inflamed. Usually this injury can be seen and repaired at the time of the operation, but occasionally may only become clear in the early postoperative period. If we suspect that you may have sustained such an injury, a further operation will be required. This will be performed as a keyhole operation but will need conversion to an open operation if necessary.
- **Blood clots in the legs (DVT)** – Before your operation, you will be fitted with some stockings that you wear during your operation to help prevent blood clots developing in the veins of your legs. You may also be given an injection in the skin of your tummy - this is a blood thinning medicine (Heparin) that also helps prevent blood clots.

## What are the risks of general 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

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have any other illness, personal factors (such as smoking or being overweight) or surgery which is complicated, long or done in an emergency. Please discuss any pre-existing medical condition with your anaesthetist.

- Very common and common side effects (1 in 10 or 1 in 100 people)  
Feeling sick and vomiting after surgery, sore throat, dizziness, blurred vision, headache, itching, aches, pains and backache, pain during injection of drugs, bruising and soreness, confusion or memory loss.
- Uncommon side effects and complications (1 in 1000 people)  
Chest infection, bladder problems, muscle pains, slow breathing (depressed respiration), damage to teeth, lips or tongue, an existing medical condition getting worse, awareness (becoming conscious during your operation).
- Rare or very rare complications (1 in 10,000 or 1 in 100,000)  
Damage to the eyes, serious allergy to drugs, nerve damage, death, equipment failure.

### **Information and support**

If you have any questions or anxieties about your procedure, do not hesitate to discuss these with your surgeon, one of the senior trainees.

Mr Richard Hardwick	Consultant Upper GI Surgeon	Tel: 01223 217421
Mr Simon Dwerryhouse	Consultant Upper GI Surgeon	Tel: 01223 348024
Mr Peter Safranek	Consultant Upper GI Surgeon	Tel: 01223 217421



Addenbrooke's is smoke-free. You cannot smoke on site. For advice on quitting, contact your GP or the NHS smoking helpline free, 0800 169 0 169

Please ask if you require this information in other languages, large print or audio format: 01223 216032 or [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk)

Informacje te można otrzymać w innych językach, w wersji dużym drukiem lub audio. Zamówienia prosimy składać pod numerem: 01223 216032 lub wysyłając e-mail: [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk)

#### Polish

Se precisar desta informação num outro idioma, em impressão de letras grandes ou formato áudio por favor telefone para o 01223 216032 ou envie uma mensagem para: [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk)

#### Portuguese

Если вам требуется эта информация на другом языке, крупным шрифтом или в аудиоформате, пожалуйста, обращайтесь по телефону 01223 216032 или на вебсайт [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk)

#### Russian

若你需要此信息的其他語言版本、大字體版或音頻格式，請致電 01223 216032 或發郵件到: [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk)

#### Cantonese

Bu bilgiyi diger dillerde veya büyük baskılı ya da sesli formatta isterseniz lütfen su numaradan kontak kurun: 01223 216032 veya asagidaki adrese e-posta gönderin: [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk)

#### Turkish

এই তথ্য বাংলায়, বড় অক্ষরে বা অডিও টেপে পেতে চাইলে দয়া করে 01223 216032 নম্বরে ফোন করুন বা [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk) ঠিকানায় ই-মেইল করুন।

#### Bengali

#### Document history

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

**Statement of patient**

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy, which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. Do ask if you have any further questions. The staff at Addenbrooke's are here to help you. **You have the right to change your mind at any time before the procedure is undertaken, including after you have signed this form.**

Training doctors and other health professionals is essential to the continuation of the Health Service and improving the quality of care. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a senior doctor. You may, however, decline to be involved in the formal training of medical and other students without this adversely affecting your care and treatment.

**Please read the following:**

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

**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 which may become necessary during my treatment. I have listed below any procedures that **I do not wish, without further discussion, to be carried out.**

.....  
**I understand** that any tissue (including blood) removed as part of the procedure or treatment will be anonymised and may be used for teaching or quality control, and stored or disposed of in a manner regulated by appropriate, ethical, legal and professional standards.

**I understand** that all research will be approved by a research ethics committee and undertaken in accordance with appropriate ethical, legal and professional standards.

**I understand** that the research may be conducted within a hospital, university, not for profit organisation or a company laboratory.

**Please tick boxes to indicate you either agree/disagree to the three points below.** Yes No

**I agree** that tissue (including blood) not needed for my own diagnosis or treatment can be used for **research which may include genetic research.** If you wish to withdraw your consent for the use of your tissue (including blood) for research, please contact the Patient Advice and Liaison Service at Addenbrooke's Hospital.

**I agree** to the use of photography for the purpose of diagnosis and treatment.

**I agree** to anonymised photographs being used for medical teaching.

**I confirm** that the risks, benefits and alternatives of this procedure have been discussed with me and I have read and understood the above and agree to the procedure (or course of treatment) on this form.

**Patient's signature:**..... **Date:** .....

**Name (PRINT):** .....

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

**Witness' 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.

**Signature**..... **Date:** .....

**Name (PRINT):**..... **Job Title:** .....