

LAPAROSCOPIC CHOLECYSTECTOMY

Gall stones are a common problem in our society, affecting up to 20% of our population. The management of these varies from watchful expectancy to surgery. Methods of dissolution and fragmentation have great limitations in their application depending on the number and type of the stone/s present. In addition, stone fragments must be passed down the Common Bile Duct, with consequent biliary colic (severe pain) and sometimes pancreatitis, and reformation of stones in the diseased gall-bladder occurs in most cases. Additional concerns with the retained gallbladder include infection, fibrosis and a small but definite risk of cancer of that organ. Lithotripsy (exploding stones with shock waves) is thought to have an increased risk of causing cancer.

Laparoscopic surgery for stones has been developed in the last 20 years and has been awaiting the development of high resolution video so that the operation can be performed using long instruments inserted through the abdominal wall and the removal of the gall-bladder can be observed by the Surgeon and his Assistant on television screens. The abdominal cavity is distended with carbon dioxide gas with the patient asleep under a General Anaesthetic. Several tubes to carry the telescope and instruments are then plugged through the abdominal wall and after identification of the affected organ and general inspection of the abdominal cavity, the dissection, using heat (diathermy) and instruments, begins. The gall-bladder is stripped of adhesions – very time consuming and the anatomy of the blood vessels and bile ducts is clearly demonstrated. An operative cholangiogram is then performed by threading a fine tube down the duct of the gall-bladder and dye is introduced into the bigger ducts to outline their path and to ascertain that they do not contain asymptomatic gall-stones. An X-Ray is then taken. Occasionally it is not possible to perform this procedure because of valves in the bile ducts.

Presuming all is shown to be normal, the blood vessels are identified and clips are applied before they are cut. The clamping and cutting of the cystic bile duct follows, and the removal of the gall-bladder from its bed in the liver is begun. This is a matter of traction and diathermy, using an electric wand to seal the little bleeders on the liver, as the gall-bladder is carefully removed.

The abdominal cavity is then reviewed before the area is meticulously irrigated with saline solution, which is then sucked out. The gall-bladder's final removal from the belly follows, and this is achieved by grasping it, under vision, by forceps introduced through the navel cannula and observed via the telescope. If there are sizeable stones present, they are crushed at the navel before the bag is removed and sent off for microscopic study. The little entry wounds are closed after release of the rest of the Carbon Dioxide gas. The patient is nursed flat for 24 hours before generally being allowed to go home. The majority of patients require a further week off work. On average about four weeks is required after the open operation.

Disposable equipment is used also because of the safety factors it provides. Depending on the level of hospital insurance and the Company involved, the refund varies. The Federal Health Dept. also has not increased the benefit for the procedure though this is expected soon. Prices for the procedure, hospital accommodation and disposable instruments are available on request.

Complications are uncommon though difficult anatomy, dense adhesions and or infection might lead to a need for the operation to become "open". Injury to internal organs is rare, but possible, a bile leak or retained stones in the bile duct, being the most common problems which might necessitate an endoscopic (viewing via the mouth and gullet) procedure.

Infection of the navel and occasional herniation through the tiny wounds is also not uncommon.

.....
I acknowledge that I have discussed the nature, likely results, and risks of the recommended operation/procedure and/or treatment.

Signed Date

Patient Name.....

LAPAROSCOPIC CHOLECYSTECTOMY

***Foods allowed = No Nausea and No Pain
Forbidden foods = Nausea and Pain***

Please remain on this diet prior to surgery and two weeks post-surgery, to allow your body to adjust to changes due to your operation.

Type of Food	Food Allowed	“FORBIDDEN”
Fat	Avoid all fatty foods	ALL FRIED foods, butter, margarine, oil, dripping, etc
Meat	Lean meat only – cut off excess fat, eat inside serves of roasts, grills. Stews and braises only if ally fat removed. (Make the day before; set in fridge). Skim off fat and reheat	Avoid fatty mutton and rolled roasts. Pork and ham forbidden. No canned meats, brains hamburgers. No greasy gravy
Poultry	Chicken, turkey, no skin	Duck, skin of poultry
Fish	Fresh or canned (except in oil) grilled or streamed or baked in Alfoil or skim milk	Avoid oily fish or fish in rich sauces
Milk	Use skim milk only, either fresh or powdered. Skim milk yoghurt	No whole milk, fresh condensed or powdered. No milk shakes or ice creams or yoghurt
Eggs	Egg-white only	No egg yolk
Cheese	Cottage cheese only	No other cheeses
Soup	Non-fatty soups, clear soups. Packet or canned soups made with water or skim milk	Fatty soups and cream soups
Cereals	All cereals. Bread	No egg noodles
Biscuits, Cakes	Plain biscuits. Meringue	Avoid all cakes, shortbread, etc
Desserts	Jelly, stewed fruit, junket, blancmange, rice pudding etc., made with skim milk, and egg-white, if desired.	Commercial ice cream, packet desserts, custards, steam puddings and pies
Nuts	None.	Avoid all nuts
Fruit	All fruit allowed – fresh, stewed, canned or dried	No avocado
Vegetables	All varieties allowed	Do not cook in fat or oil, or add butter
Sweets	Toffee, boiled sweets	No chocolate, caramels
Beverages	All	Whole milk, beer
Miscellaneous	Herbs and flavourings, vinegar, mustard, curry powder, pickles, tomato sauce, beef and chicken cubes, vegemite, honey or jam	No salad dressings or mayonnaise

As condition improves, gradually increase daily allowance of the following restricted foods:-

Eggs

Whole Milk $\frac{3}{4}$ pint

Butter $\frac{1}{2}$ oz

Lean meat, fish, poultry, 2 medium serves (2 ozs.)

This will give a diet of approximately 55 gm fat