

WHEN YOU NEED
AN OPERATION...

ABOUT

cholecystectomy

*Surgical removal of the
gallbladder*



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**american
college of
surgeons**

ABOUT

cholecystectomy

(ko-le-sis-tek'-tuh-me)

Cholecystectomy is the surgical removal of the gallbladder. This booklet has been prepared to tell you about this operation, the conditions leading to it, and why your doctor may recommend this procedure as the best treatment for your condition.

It is important to remember that each individual is different, and the indications for the

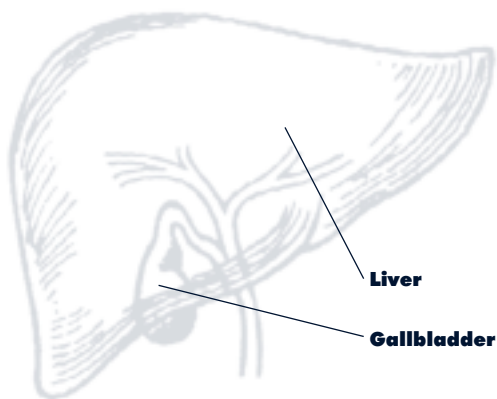
outcome of any operation depend upon the patient's individual condition. This booklet is not intend-

ed to take the place of the professional advice and expertise of a qualified surgeon who is familiar with your condition. After reading this booklet, you will probably have further questions; you should discuss these issues openly and honestly with your surgeon.

about the gallbladder

The gallbladder is a small, pear-shaped organ that lies on the underside of the liver, in the upper right portion of the abdomen. It is connected by ducts (or tubes) to the liver, and with the upper portion of the small intestine (duodenum).

The liver produces bile (a substance that is essential for digesting fats) and secretes it into the gallbladder where it is concentrated and stored. When food is eaten, especially fatty or greasy foods, the gallbladder contracts and forces bile out the ducts leading into the intestine. When the gallbladder is removed, this function is taken over by the liver and its ducts.



gallbladder disease

Occasionally, stones may form within the gallbladder, or the gallbladder may become infected. The exact causes of these conditions are not known. Anyone can develop gallbladder disease, but it is more common in people who are overweight, and between the ages of 35 and 55. Women are more likely to suffer from it than men, a factor which appears to be associated with metabolic changes that take place during pregnancy.

symptoms of gallbladder disease

Sometimes, persons with gallbladder disease have few or no symptoms. Others, however, will eventually develop one or more of the following symptoms:

1. Frequent bouts of indigestion, especially after eating fatty or greasy foods, or certain vegetables such as cabbage, radishes, or pickles.
2. Nausea and bloating.
3. Attacks of sharp pains in the upper right part of the abdomen. This pain occurs when a gallstone causes a blockage that prevents the gallbladder from emptying (usually by obstructing the cystic duct).

4. Jaundice (yellowing of the skin) may occur if a gallstone becomes stuck in the common bile duct, which leads into the intestine, blocking the flow of bile from both the gallbladder and the liver. This is a serious complication and usually requires immediate treatment.

diagnosing gallbladder disease

Because the majority of patients who have gallbladder disease also have gallstones, the diagnosis can usually be confirmed through the use of ultrasound: a safe, painless, and non-invasive technique that uses high frequency sound waves to create an image of the gallbladder and gallstones. There are some occasions, however, when ultrasound cannot confirm a diagnosis in patients who have symptomatic gallbladder disease. Therefore, other diagnostic methods may be used, such as X rays or various types of scanning methods.

treating gallbladder disease

The only treatment that cures gallbladder disease is surgical removal of the gallbladder. Generally, when stones are present and causing symptoms, or when the gallbladder is infected and inflamed, removal of the organ is usually necessary.

When the gallbladder is removed, the surgeon may examine the bile ducts, sometimes with X rays, and remove any stones that may be lodged there. The ducts are not removed so that the liver can continue to secrete bile into the intestine.

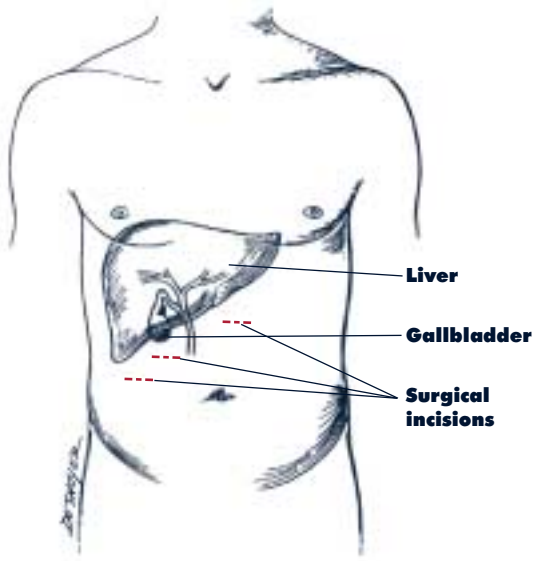
Most patients experience no further symptoms after cholecystectomy. However, mild residual symptoms can occur, which can usually be controlled with a special diet and medication.

There are two commonly performed procedures for removal of the gallbladder. These are called laparoscopic (lap"ah-ro-skop'ic) cholecystectomy and conventional cholecystectomy. Discuss with your surgeon which operation is best for your condition.

about laparoscopic cholecystectomy

In this procedure, the surgeon uses a video camera and highly specialized tools to remove the gallbladder without making a large surgical incision. Instead, the surgeon creates four very small incisions. One of these holes is made in or near the patient's navel so that the surgeon can insert a special instrument called the laparoscope (lap'ah-ro-skōp"). The laparoscope is a long, rigid tube that is attached to a tiny video

camera and a light. Before the laparoscope is inserted, the patient's abdomen is distended with an injection of carbon dioxide gas, which allows the surgeon to see inside the body. Once the laparoscope has been inserted, the surgeon then guides the laparoscope while watching the view it provides on a video monitor.



During laparoscopic cholecystectomy, the surgeon makes four very small incisions of less than half an inch each.

The other small incisions are made in the abdomen; two of them are on the right side below the ribcage, and one is in the upper portion below the sternum, or breast-

bone. Other specialized instruments are placed through each of these three incisions.

Two instruments are used to grasp and retract the gallbladder and the third to free the gallbladder from its attachments.

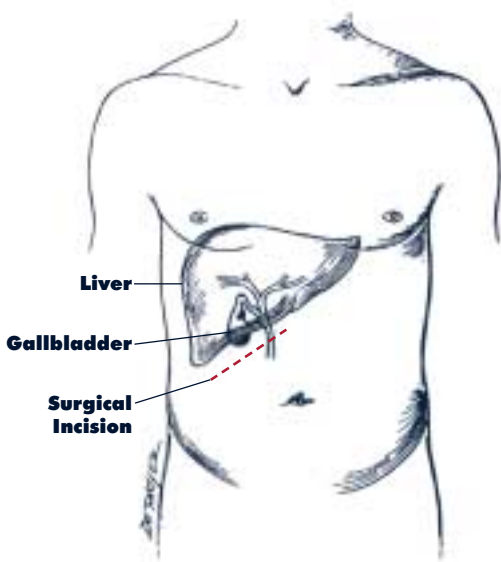
The surgeon will use an electrocautery device to cut free the gallbladder. Once the gallbladder has been cut free, the surgeon collapses the organ and removes it through the incision at the navel. After the operation, patients are usually back on their feet and on their way home within 24 hours. Many return to work within a week to 10 days. Once healed, the scars left from the four incisions are so small that they are barely noticeable.

It is estimated that in about one in 30 to 40 cases during a laparoscopic operation, the surgeon discovers a problem, such as a severely diseased gallbladder or an excessive amount of inflammation, that requires the performance of a conventional operation (*see page 9*). Because the surgeon cannot see the gallbladder in detail until the laparoscope is inserted during the operation, some complications cannot be predicted and are only discovered once the operation has begun.

Thus, patients should understand that there is a possibility of having to undergo a conventional cholecystectomy.

about conventional cholecystectomy

In conventional cholecystectomy, the surgeon makes an incision that is approximately four to six inches long. The incision is made either longitudinally (up and down) in the upper portion of the abdomen, or obliquely (at a slant) beneath the ribs on the right side. During some operations, drains may be inserted into the abdomen, which usually will be removed while the patient is still in the hospital.



During conventional cholecystectomy, the surgeon makes an incision that is approximately four to six inches long.

In uncomplicated situations, the hospital stay following conventional gallbladder surgery is about one to three days. Most patients can get out of bed the day of the operation, and can return to normal activity within four weeks or less. In more complicated cases, patients may resume normal activity within four to eight weeks.

Although there is some amount of risk associated with performing any operation, removal of the gallbladder is one of the most common surgical procedures and the amount of risk is small. Whichever procedure your surgeon recommends—laparoscopic or conventional cholecystectomy—you can be confident in knowing that these are not typically considered dangerous or risky operations in otherwise healthy individuals. ■

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April 2002

*Cover photo courtesy of University of Arizona
Health Sciences Center, Tucson, AZ.*

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surgery by surgeons

A fully trained surgeon is a physician who, after medical school, has gone through years of training in an accredited residency program to learn the specialized skills of a surgeon. One good sign of a surgeon's competence is certification by a national surgical board approved by the American Board of Medical Specialities. All such board-certified surgeons have satisfactorily completed an approved residency training program and have passed a rigorous specialty examination.

The letters F.A.C.S. (Fellow of the American College of Surgeons) after a surgeon's name are a further indication of a physician's qualifications. Surgeons who become Fellows of the College have passed a comprehensive evaluation of their education, training, and professional qualifications, and their credentials have been found to be consistent with the standards established and demanded by the College.



Prepared as a public service by the
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