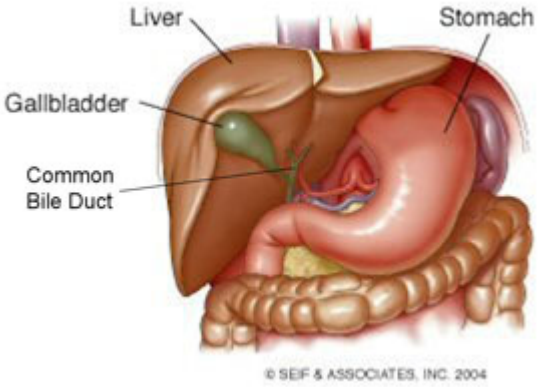
Laparoscopic Removal of Gallbladder
with possible Common Duct Exploration

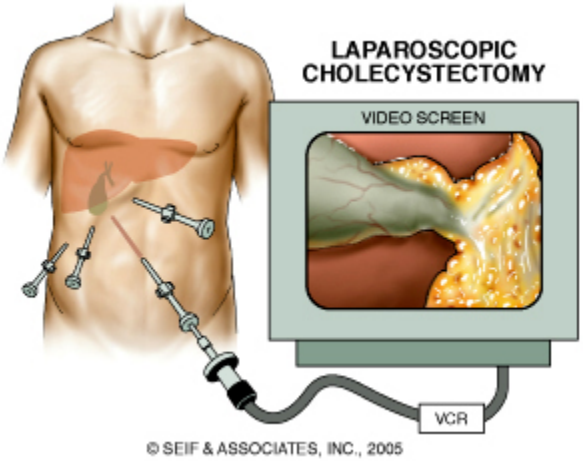
You have gallbladder disease (*cholecystitis*). This is an inflammation of your gallbladder. The gallbladder is not an essential organ. It is located slightly to the right of center in the belly (*abdomen*), behind the liver. The gallbladder stores bile. Bile is a yellow-green fluid made in the liver. Bile passes into the small intestine from the gallbladder and liver through the common bile duct. In the small intestine, bile aids in the digestion and absorption of fats. Cholecystitis may cause you to feel sick to your stomach (*nauseated*), have abdominal pain and/or have a yellow color in the skin and whites of the eyes (*jaundice*).



CAUSES
- Buildup of stones (*gallstones or cholelithiasis*) in your gallbladder.
- Stones can also form in the common bile duct. Stones in the duct block the normal flow of bile from the liver and gallbladder into the small intestine.

TREATMENT
Your caregiver has advised you to have a laparoscopic procedure to remove your gallbladder. Laparoscopic surgery is an alternative to conventional open surgery. Laparoscopic surgery usually has a shorter recovery time.

Your common bile duct may also need to be examined and explored. If your caregiver feels that this should be done, he/she will discuss this with you. If stones are found in the common duct, they may be removed.



RISKS
All surgery is associated with risks. Some of these risks are:
- Excessive bleeding.
- Injury to surrounding organs.
- Infection.
- Injury to the common duct.

BEFORE SURGERY
- Do not take aspirin or blood thinners for a week prior to surgery, or as your caregiver suggests.
- Do not eat or drink anything after midnight the night before surgery, or as your caregiver suggests.
- Let your caregiver know if you develop a cold or other infectious problems prior to surgery.
- If this is a same day surgery, you should be present 1 hour prior to your procedure or as directed by your caregiver. There will be consent forms to sign prior to the procedure.

LET YOUR CAREGIVERS KNOW ABOUT THE FOLLOWING:

- Allergies.
- Medications taken including herbs, eye drops, over-the-counter medications and creams.
- Use of steroids (by mouth or creams).
- Previous problems with anesthetics or medicines used to numb the skin.
- Possibility of pregnancy, if this applies.
- History of blood clots (*thrombophlebitis*).
- History of bleeding or blood problems.
- Previous surgery.
- Other health problems.

PROCEDURE

You will be given an anesthetic. This keeps you pain free during surgery. When you are asleep, the surgeon will make several small cuts (*incisions*) in your abdomen. One of these incisions is used to insert a small lighted scope (*laparoscope*) into the abdomen. The laparoscope helps the surgeon see into your abdomen. A safe gas (*carbon dioxide*) will be pumped into your abdomen. The gas allows more room for the surgeon to perform your surgery. Other operating instruments are inserted through the other incisions.

Laparoscopic procedures may not be appropriate when:

- There is major scarring from previous surgery.
- There are bleeding disorders.
- When a pregnancy is near term.

There are other conditions that make the laparoscopic procedure impossible.

Your surgeon may feel it is not safe to continue with a laparoscopic procedure. If this happens, he/she will perform an open abdominal procedure. In this case, the surgeon will make an incision to enter the abdomen. This gives the surgeon a larger view and field to work within. This may allow the surgeon to perform procedures that sometimes cannot be performed with a laparoscope alone. This surgery has a longer recovery time.

COMPLICATIONS

Some problems that occur following this procedure include:

- Infection: A germ grows in the wound. This can usually be treated with medications that kill bacteria (*antibiotics*).
- Bleeding following surgery can be a complication of almost any surgery. It can usually be controlled.
- Damage to other organs may occur.

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