

# Dr Ian Martin

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### PATIENT INFORMATION SHEET

#### LAPAROSCOPIC CHOLECYSTECTOMY WITH INTRA-OPERATIVE CHOLANGIOGRAM

The gallbladder is simply a pouch that stores and concentrates bile, which is produced by the liver. Gallstones form due to a combination of factors, including inherited body chemistry, body weight, gallbladder motility (movement), pregnancy, the contraceptive pill and perhaps diet. Once gallstones form, they do not dissolve and cause a range of symptoms, the mildest being an attack of pain which may go on to infection within the gallbladder. Stones may exit the gallbladder and block the common bile duct, causing pain and jaundice (yellow discoloration of the skin and eyes) or pancreatitis (inflammation of the pancreas).

Attempts were made to dissolve gallstones with medication or fragment the stones with shockwaves, however, these methods have largely been abandoned world wide due to significant complications. "Keyhole" (laparoscopic surgery) is considered the safest and most effective method to deal with this problem by removing the gallbladder, along with the gallstones, under a general anaesthetic.

Laparoscopic cholecystectomy requires several small incisions in the abdomen to allow the insertion of surgical instruments and a small video camera. The camera sends a magnified image from inside the body to a video monitor, giving the surgeon a close-up view of the organs and tissues. The surgeon watches the monitor and performs the operation by manipulating the surgical instruments through separate small incisions. The gallbladder is identified and carefully separated from the liver and other structures. Finally, the cystic duct is cut and the gallbladder removed through one of the small incisions.

At the time of the surgery, an x-ray test is performed to detect any gallstones that may have fallen into the common bile duct. Should this be the case, the majority of these can be removed with a basket.

The "keyhole" technique would need to be abandoned if the procedure could not go ahead safely under adequate vision. This occurs in less than 1 in 100 patients in my hands.

Worldwide complications reported with this procedure include: infection, excessive bleeding, injury to organs near the gallbladder, bile leakage from the cystic duct or common bile duct or even injury of the common bile duct which may require re-operation.

All of these complications are unlikely and the vast majority of patients go home the same, or following day, without any complications. Tablets and/or suppositories should be taken as prescribed to relieve pain after leaving hospital.

After returning home, you can usually resume normal activities in 3-5 days and should avoid heavy lifting or vigorous exercise for about 2 weeks. There are no sutures to be removed as all stitching is done with dissolvable sutures placed deep to the skin.

#### *Additional information about advanced laparoscopic gallbladder surgery:-*

- 1) Ian MARTIN et al: Towards T-Tube free bile duct exploration. Experience with 300 consecutive cases. ANNALS OF SURGERY – 1998.
- 2) Ian MARTIN et al: Long-term outcomes after laparoscopic bile duct exploration: 15-year follow up of 150 consecutive patients. ANZ J Surg. 2008 Jun;78(6):492-4

