

Laparoscopic Gallbladder Surgery **Risks and Benefits**

It is necessary for you to understand the benefits and risks of the surgical procedure that you are considering.

Gallbladders are removed to relieve symptoms caused by abnormalities of the gallbladder, usually gallstones. The most frequent symptoms are abdominal and back pain, indigestion, and nausea. Most of the symptoms can be expected to improve or resolve after surgery, but symptoms due to other causes, such as reflux or irritable bowel syndrome, will not be helped. Removal of the gallbladder prevents the passage of stones through the main bile duct that may cause serious complications including jaundice and pancreatitis. Gallbladder surgery is usually elective (your choice) but can be urgent if the gallbladder is infected (acute cholecystitis).

Most people worry more about the risk of anesthesia than the procedure itself. General anesthesia is extremely safe nowadays. The risk of death from general anesthesia is less than one in several hundred thousand for a healthy patient. Our anesthesiologists are very skilled and equipped with the most up-to-date monitoring devices. Your general medical condition will have the most significant impact on your risk for anesthesia and surgery. Smoking, obesity, heart disease, and diabetes are some of the most common risk enhancers. I will address these concerns with you. If you have specific questions or concerns, please ask. You will also have the opportunity to speak with your anesthesiologist prior to your surgery while you are in the staging area. There will be a separate anesthesia consent for you to sign. If you have a special request or desire specific anesthesiologists to perform your anesthesia, please let us know a week or more in advance.

Any operation can have complications. Fortunately they are not common and usually do not affect the long-term result. The risk of infection following gallbladder surgery is usually less than 5 percent as long as the gallbladder is not infected. Infection is usually superficial and most often occurs at the belly button where it is not a major problem. It can, however, result in a hernia. The risk of needing a blood transfusion is about 1 in 1000 in my experience with over several thousand laparoscopic gallbladder operations. We do not make blood available unless you have a medical condition that might increase your risk of bleeding. The risk of converting the procedure to an open operation through a larger wound is about 1 to 2 percent. It is usually only necessary if the gallbladder is very inflamed or scarred, making laparoscopic dissection hazardous to other important structures. Other reasons for opening may include hemorrhage and injury to the bowel or bile ducts that must be repaired. Rarely, a collection of bile ("biloma") can accumulate where the gallbladder used to be. This can be very painful but it's almost always cured by drainage procedure that does not require surgery. Removal of the gallbladder has been performed for over 100 years and there are no serious long-term complications of that we are aware of. Oftentimes the gallbladder has ceased to function as a storage organ for bile by the time you come to surgery. An occasional patient has troublesome diarrhea that can be managed with medication if it persists.

These risks are not meant to be all-inclusive but cover the majority of problems that occur after gallbladder surgery. You will be asked to sign a consent specifying that we have covered these risks and that you agree to the planned surgical procedure. If you have any questions write them down and please remember to ask before surgery. It is a privilege to be your surgeon and I will do my very best to assure a rapid recovery and an excellent result.

Dr. Mac

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