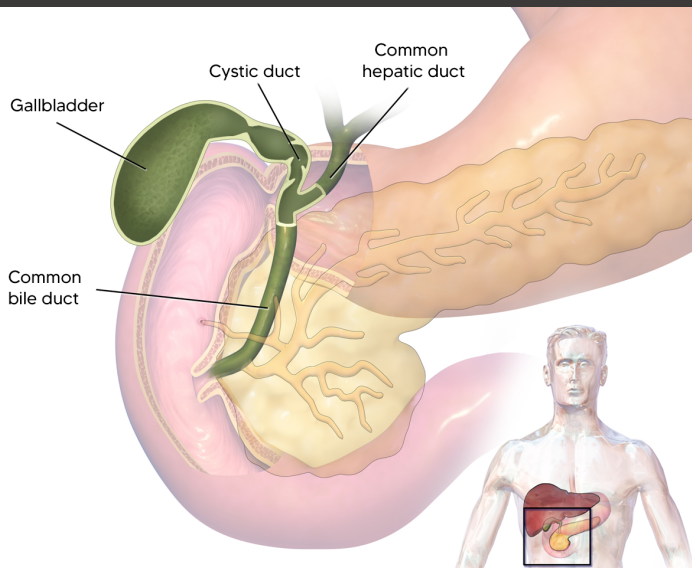




Gallbladder

PATIENT INFORMATION SHEET



About Gallbladder Disease

- ◆ The gallbladder concentrates bile and releases it when a meal is sensed in the first part of the small bowel, the duodenum
- ◆ It is prone to producing gallstones and this affects 15% of the total population, increasing with age.
- ◆ 80% of stones are related to genetics, diet and metabolism and are rarely due to blood disorders & infections.
- ◆ Consequences of gallstones include severe pain, infection, jaundice and pancreatitis which can be severe or even fatal.
- ◆ Gallstones can migrate to the common bile duct and ~7 % of patients have common bile duct stones at the time of surgery.
- ◆ Bile duct Stones can be removed at surgery 70% of the time.
- ◆ Gallbladder polyps are detected at an increasing rate due to ultrasound scan quality and some are pre-cancerous.
- ◆ Keyhole surgery is standard of care & possible >99% of the time.
- ◆ Robotic surgery is an option in select patients at present.

Surgical Options

Complete removal of the gallbladder and all stones is required to treat the condition safely.

If stones are found in the bile duct these will be removed with a flexible 3mm camera or with ERCP if deemed safe. In some cases a bile duct stent may be inserted or a soft wound drain may be left overnight to collect fluid.

For suspicious polyps, an intra-operative ultrasound will be performed and in some cases a rim of liver tissue and lymph nodes may be taken for complete clearance.

Risks include conversion to open surgery, bleeding, return to theatre and general complications of surgery such as pneumonia and blood clots

The gallbladder is sent to Western Diagnostic Pathology for evaluation.

Planning the procedure

You will be seen at the rooms, or given a phone appointment for rural patients if deemed safe.

We will discuss the problem and the options for treatment.

If surgery is planned, you will be given a date and admission information.

We will discuss in detail the risks and benefits of surgery and sign a consent form together.

The anaesthetist will contact you for more information and you will be required to fill out an online form for admission at Hollywood.

Contact the rooms if your health changes, you start new medication or to make changes to your booking date.

Most patients stay 1 night in hospital post procedure.

Aftercare and Follow Up

Before discharge we will book a follow up appointment date.

Wounds are closed with dissolving sutures and dressings. The dressings can be removed after 5 days (but it's ok if they come off sooner). Showering is fine but avoid soaking/baths for a week.

Driving is legal 24h after anaesthesia once you stop taking opiate painkillers, generally it takes 3-5 days before you will want to be driving.

Light office work is ok after 5-7 days.

Lifting > 5kg should be avoided for 6 weeks post op due to risk of wound problems.

At follow up we will review operative findings, pathology results and further management if required.

GP will be included on Pathology, Operation Report + Correspondence.

Any post-op issues contact the rooms or Hollywood Hospital 9346 6000..

Hollywood Consulting Centre
Suite 403 / 91 Monash Avenue
Nedlands WA 6009

Phone (08) 6389 0244
Fax (08) 6389 0255

admin@drlaurencewebber.com.au
www.drlaurencewebber.com.au

LW

MBBS, FRACS, ANZHPBA

Dr Laurence (Laurie) Webber