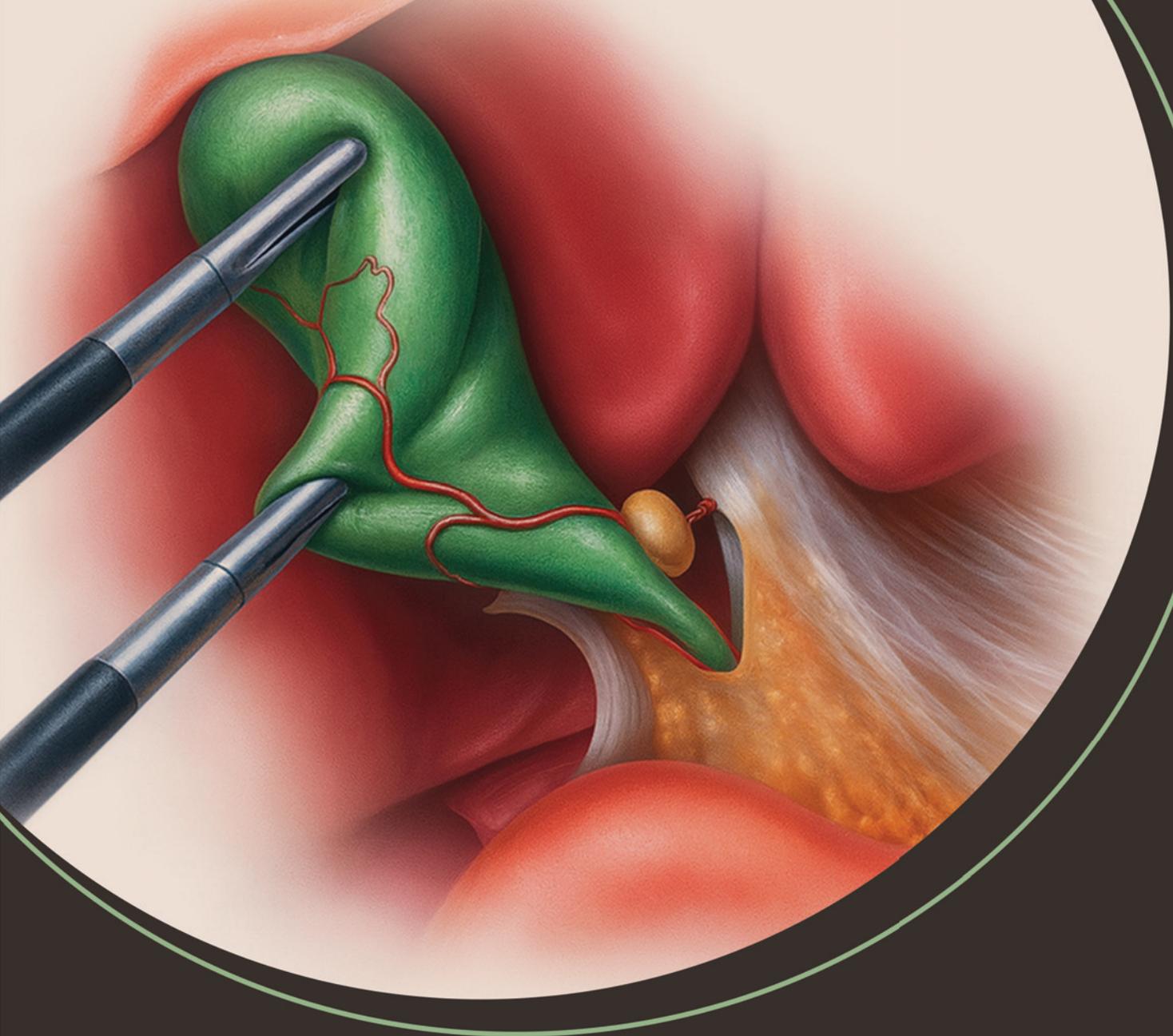


*Patient FAQs*

# Lap Cholecystectomy

(Gall Bladder Removal)



TREE TOP  
HOSPITAL

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This booklet answers the most common questions about laparoscopic cholecystectomy (gallbladder removal through small incisions). It's designed to help you understand why the surgery is done, what to expect, and how to prepare.

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# 1 What Is Laparoscopic Cholecystectomy?

Laparoscopic cholecystectomy is a minimally invasive surgery to remove the gallbladder through several small cuts in the abdomen.

- A laparoscope (thin camera) and specialized instruments enter through 3–4 ports.
- The gallbladder is detached, placed in a retrieval bag, and removed.
- Compared to open surgery, it uses smaller incisions, causing less pain and scarring.

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# 2 Why Is This Surgery Performed?

Your doctor may recommend gallbladder removal for:

- Symptomatic gallstones causing biliary colic or inflammation (cholecystitis)
- Blocked bile ducts leading to jaundice or pancreatitis
- Gallbladder polyps or masses with malignancy risk
- Biliary dyskinesia (poor gallbladder emptying)

Removing the gallbladder alleviates pain, prevents complications, and restores normal digestion.

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# 3 How Do I Know I Need Surgery?

Diagnosis involves:

- Abdominal ultrasound to visualize stones or gallbladder wall thickening
- Blood tests showing inflammation or liver enzyme elevation
- Clinical history of right upper–quadrant pain, nausea, or reflux after fatty meals

Your surgeon will review imaging and your symptoms before recommending surgery.

## 4 Preparing for Your Surgery

1

### Medical Evaluation

Preoperative blood tests, ECG, and anesthesia assessment



2

### Medication Management

Stop blood thinners (aspirin, warfarin) as directed  
Continue essential medications with small sips of water



3

### Fasting Instructions

No food or drink 6–8 hours before surgery



4

### Home Planning

Arrange a ride home and time off work  
Stock up on soft, low-fat foods and pain relief



## 5 What Happens on the Day of Surgery?



Arrive at the surgical center 1–2 hours before your scheduled time



Change into a gown; meet your anesthetist and nurse



An IV line is placed for fluids and medications



You'll receive general anesthesia and be asleep throughout the procedure

## Step-by-Step: The Surgical Procedure

1

### Creating Pneumoperitoneum

Carbon dioxide gas inflates your abdomen for a clear view

CO<sub>2</sub>



2

### Port Placement

3–4 small incisions (5–12 mm) for camera and instruments



3

### Dissection

The cystic duct and artery are identified, clipped, and cut



4

### Gallbladder Removal

The organ is freed from the liver bed and extracted in a bag



5

### Inspection and Closure

The area is checked for bleeding or bile leaks  
Gas is released; skin incisions are closed with sutures or glue



## Anesthesia

**General anesthesia:** a combination of IV medications and gases

- You'll be unconscious and pain-free, with a breathing tube in place
- An anesthetist monitors heart rate, blood pressure, and breathing

## 8 Benefits VS Open Surgery

Feature	Laparoscopic Cholecystectomy	Open Cholecystectomy
Incision Size	0.5–1.2 cm (×4)	10–15 cm
Postoperative Pain	Mild	Moderate to severe
Hospital Stay	Often same-day or 1 night	3–5 nights
Return to Normal Activities	1–2 weeks	4–6 weeks
Scar Visibility	Minimal	Prominent

## 9 Risks and Complications

While generally safe, possible issues include:



Bleeding or hematoma at port sites



Infection of incision or occasionally inside the abdomen



Injury to bile ducts or nearby organs (rare)



Bile leak requiring drainage or reoperation



Port-site hernia developing weeks to months later

Your surgeon will discuss risk factors and preventive measures.

## 10 Recovery Expectations

- In the Post-Anesthesia Care Unit (PACU), you'll wake up with monitoring
- Most patients tolerate clear fluids within a few hours
- Shoulder tip pain (referred gas pain) is common and temporary
- Discharge usually occurs within 6–24 hours if stable



## 11 Returning to Daily Life



### **Driving:**

Once off narcotic painkillers and able to brake safely (typically 3–5 days)



### **Work:**

Light duties in 1–2 weeks; avoid heavy lifting for 4–6 weeks



### **Exercise:**

Gentle walking immediately; resume full activity as tolerated

## 12 Diet and Digestion

- Start with clear liquids, then progress to soft, low-fat meals
- Most people resume a normal diet within 2–4 weeks
- A small subset may experience loose stools; increasing fiber can help



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## Life Without a Gallbladder

- Bile drains directly from liver to intestine, aiding digestion
- Long-term digestive function is usually normal
- Report persistent diarrhea or digestive upset to your doctor

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## When to Contact Your Surgeon

Seek prompt medical attention for:

- Fever above 38.5 °C or chills
- Severe abdominal pain not relieved by medication
- Redness, swelling, or discharge at incision sites
- Jaundice (yellowing of skin/eyes)
- Inability to tolerate fluids or signs of dehydration



# 15 Non-Surgical Alternatives

For high-risk patients or those unwilling to undergo surgery:



Oral bile-**dissolving medications**  
(ursodeoxycholic acid)



Endoscopic **stone removal via ERCP**  
(for stones in the bile duct)



Percutaneous cholecystostomy (**tube drainage**) in unstable patients

Discuss these options thoroughly with your care team.

# 16 Next Steps

1. Review these FAQs with your surgeon and nursing staff.
2. Complete all preoperative tests and follow fasting instructions.
3. Prepare your home for recovery—arrange support and easy-to-eat foods.
4. Keep emergency contacts and post-op instructions accessible.



We're here to guide you through every phase. For further questions, please contact the surgical clinic at **3351610** or **care@treetophospital.com**. Wishing you a smooth procedure and rapid recovery!



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