

### Surgical Specialists Centre

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### University Surgical Centre

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Appointment Line: (65) 6772 2002

#### Opening Hours:

Monday to Friday: 8:30am - 5:30pm  
Closed on Sat, Sun & Public Holidays

## Recovery

After you are discharged from the hospital, you will be given a period of hospitalisation leave to rest and recuperate at home. Here are some pointers to take note of:

- Slowly increase your activity level and exercise by walking every hour
- Avoid heavy lifting
- Ensure you drink enough water and have regular meals
- If you experience abdominal pain, fever or jaundice, please contact us at 6772 5083 during office hours, or visit the A&E Department after office hours.



Nearest MRT Station: Kent Ridge (Circle Line)

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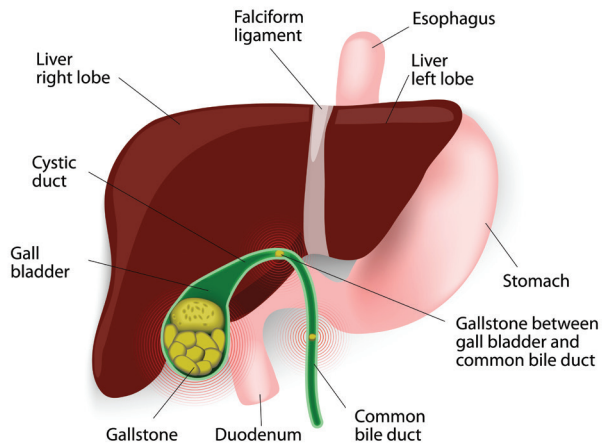
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# Laparoscopic Cholecystectomy

## Cholecystectomy



Cholecystectomy is an operation to remove the gall bladder which contains stones, or causes pain or bloating due to its abnormalities. It is also highly recommended for patients who have been treated with Endoscopic Retrograde Cholangio-Pancreatography (ERCP) for jaundice caused by stones in the gall bladder.

### Who needs a cholecystectomy?

A cholecystectomy is performed for patients who exhibit signs and symptoms of gallstone disease such as:

- Abdominal discomfort after fatty meals
- Abdominal bloating
- Pain in the upper right abdominal region that may lead to the back, mid-abdomen or right shoulder
- Jaundice
- Fever

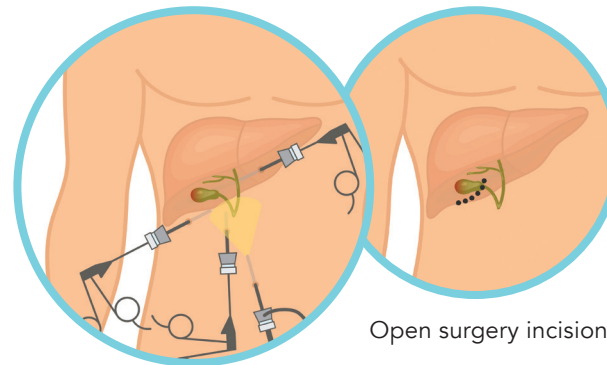
### Laparoscopic Cholecystectomy

Laparoscopic cholecystectomy is considered the standard treatment for the removal of the gall bladder. The surgery involves removing the gall bladder

through various small incisions made in the abdominal cavity, with the aid of specialised surgical tools and a lighted camera. The abdomen is inflated with carbon dioxide to aid in the surgical process. The surgery typically takes 1 to 2 hours and can be performed as a day surgery procedure unless the patient has risk factors that will require a longer hospital stay.

### Open Cholecystectomy

Open cholecystectomy is the alternative to laparoscopic cholecystectomy, and was the most common type of cholecystectomy performed before the advent of laparoscopy. The surgeon will make an incision approximately 10cm below the right rib cage to remove the gall bladder. Very rarely, when the surgeon considers it too risky to proceed with the laparoscopic surgery, he may decide to convert to open surgery. This occurs in 2 to 5% of patients, and patients may need to stay in the hospital for 3 to 5 days.



Laparoscopic incisions

Open surgery incision

### Associated Risks

As with any form of surgery, there are some risks associated with cholecystectomy. Apart from the common risks associated with surgery under general anaesthesia, others include:

- Bile duct injury (0.5%)
- Retained common bile duct stone (5%)

- Conversion from a laparoscopic surgery to an open surgery (2 to 5%)
- Bile duct injury that may require insertion of a drain, endoscopic treatment or in extremely rare cases, a re-operation
- Stones that may find its way into the bile duct (this may require endoscopic treatment later)

Before the surgery is performed, your surgeon will advise you regarding the specific risks on an individual basis.

### Before Surgery

- Do not consume any food 6 hours before the surgery. Otherwise, the surgery may be postponed. However, you may have a sip of water 2 hours before the surgery.
- Arrive on time for registration to prevent any delays.
- Notify your surgeon if you are suffering from cough, sore throat or a flu (your operation may have to be rescheduled).
- Bring any personal items that you may need for your hospital stay.
- Your surgeon or anaesthetist will advise you on which medication you can take on the day of your surgery.

### After Surgery

Once the surgery has been completed, you will be monitored in the Post-Anaesthetic Care Unit before being transferred to the ward. Pain killers and medications will be given to ensure that you have adequate pain control and in cases of nausea and vomiting derived from anaesthetic medications. Once you are able to consume some food and drinks, pass urine and walk, your surgeon will discharge you after you have been reviewed.