

Laparoscopic Cholecystectomy

Patient Information

Perioperative Services

Surname: NHI:

First Names:

Date of Birth: / / Sex:

PLACE PATIENT ID HERE



This brochure will provide information for your recovery at home. Please keep this in a safe place to refer to over the next few days.

Going Home

You will be able to go home once you have made a full recovery from your anaesthetic.

Anaesthesia can affect your co-ordination and reasoning skills. Please do not drive a car, ride a motorbike or bicycle, operate machinery or sign legal documents for at least 18 hours after your surgery.

You should not drive for at least 7 days. Please sit in a stationary car and try pressing the brake pedal. You must be able to make an emergency stop without any discomfort.

Please contact your GP (Doctor) if:

- You have increased pain
- You have a fever (temperature)
- Your wound is bleeding and will not stop
- Your wound is red or warm to the touch
- You have a thick and/or smelly ooze from your wound
- You have difficulty going to the toilet
- You have nausea (feeling sick) or vomiting
- You notice one or both of your calf/s has become sore to the touch, is red or there is an increase in size of your calf/s.
- Your skin, or the white part of your eye, seems yellow in colour
- You have a swollen (bloated) stomach which does not get any better

In an emergency dial 111 for ambulance assistance.

Pain relief

You may have a sore throat from the breathing tube used in surgery. Sucking on ice or ice-blocks may help.

Unless told otherwise by your doctor, take Paracetamol (Panadol) every four to six hours for the first day after surgery. Do not take more than 8 tablets in a 24 hour period. Please tell your doctor if you have an allergy to Paracetamol.

You last had: _____

Do not take: _____

You may find it comforting to support your tummy with a pillow or small towel when coughing or sneezing.

Some people have muscle, shoulder tip and abdomen pain after their surgery. This may last for up to five days after your surgery. It can be helped by moving/walking around, using heat packs or similar and taking regular pain relief medicines.

Discomfort and tiredness are common side effects during the first few days after surgery. Please see your GP if these side effects last longer than 7 days.

Wound Care

Your wounds will be covered with waterproof bandages (dressings) these should be left on until they start to fall off on their own (about 4 days).

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You have dissolvable stitches; these will disappear in 7 – 10 days after your surgery. If you can still see your stitches after this time, please visit your GP.

You can shower as normal, pat the bandages dry without rubbing after. You should not swim or sit in a spa pool until your wounds are completely healed. Do not put creams, powders or perfume near your wounds while they still healing as these can irritate the skin.

As your wound heals it may feel itchy, tingly and slightly lumpy. Try not to scratch or put anything on your wound during this time.

Diet and Fluids

You can eat your normal diet after surgery.

Constipation (not being able to poo) can be a problem for some people after an anaesthetic. Include plenty of fresh fruit, vegetables and water in your diet to keep your bowel habits regular.

Activity and Exercise

You should be able to return to work in 7 - 14 days.

It is important for your recovery to do some gentle exercise each day, walking is best. No heavy lifting or pushing (more than 7 kilograms), strenuous exercise or playing contact sports for 6-8 weeks to help your wounds heal.

Sexual activity can be resumed when you feel ready.

Follow-up

Your follow-up appointment will be posted to you and is expected to be in ___ days/week/month. If you cannot keep your appointment please phone 0800 999 442 as soon as possible to rearrange it for another time.

Follow-up with GP

No follow-up required

Date: _____

Nurse: _____

Contact us

If you have any concerns or questions following discharge from hospital, please contact your own family doctor (GP) or one of the Afterhours medical centres.

In an emergency dial 111 for ambulance assistance.

Afterhours medical centres:

- Kenepuru Hospital accident and medical. Open 24 hours a day. Phone 04 918 2300
- Paraparaumu team medical Coastlands Shopping centre. Open 8am – 10pm daily. Phone 04 298 2228
- Waikanae medical centre. Open Monday – Thursday 7pm – 8am and Friday 5pm – 8pm or anytime weekends and public holidays. Phone 04 293 6002
- Accident and urgent medical centre Wellington. Open 8am – 11pm daily. Phone 04 384 4944

If you are unsure if you need to visit your GP or Afterhours medical centre you may wish to call Health Line for free advice. Open 24 hours a day. Phone 0800 611 116.

Understanding Endoscopic Retrograde Cholangio-Pancreatography (ERCP)

INFORMATION FOR PATIENTS

Gastroenterology Service

Endoscopic Retrograde Cholangio-Pancreatography (ERCP)

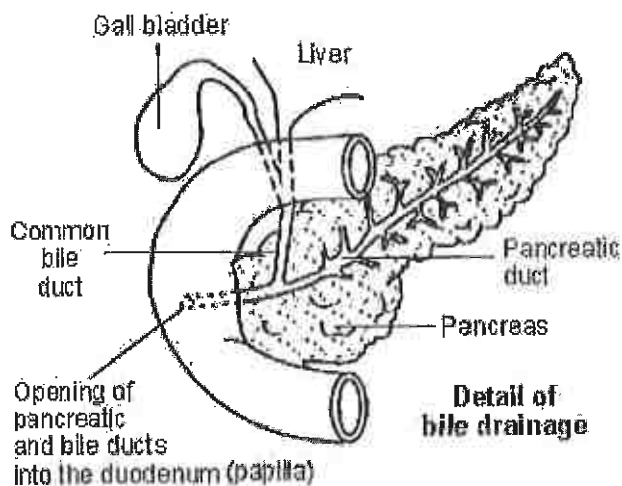
Your doctor has recommended that ERCP is the best way to further evaluate or treat your condition. This information brochure has been prepared to help you understand the procedure. Please read it carefully.

ERCP is an invasive but usually very helpful procedure. Complications are uncommon but can be serious. Before the procedure, medical staff obtaining your consent will discuss possible complications of the procedure with you. If you have any questions, please feel free to discuss them with the endoscopy nurse or your physician before signing the consent.

As x-ray films or scans will be taken, it is important that women of childbearing age tell their physician if there is any chance that they are pregnant.

The anatomy

ERCP is a procedure to diagnose possible disorders of the pancreas and bile duct systems. The drainage tubes from the liver are called bile or biliary ducts. Bile is produced in the liver and stored in the gallbladder until food is eaten. It is then excreted through the cystic bile duct into the common bile duct. The pancreas produces digestive enzymes that flow through the pancreatic duct. The bile and pancreatic ducts join and pass through the ampulla into the duodenum, allowing both bile and pancreatic enzymes to dissolve any fat.



Why is ERCP done?

Diagnostic ERCP

ERCP is a valuable tool that is used for diagnosing many diseases of the pancreas, bile ducts and gallbladder. Any blockages and other structural abnormalities suggested by symptoms, physical examination, laboratory tests, or x-ray or MRI scan can be shown in detail.

Conditions that affect the pancreas and bile duct systems include:

- Obstruction of the bile duct and / or pancreatic duct by
 - gallstones or pancreatic stones
 - narrowing (stricture) of the ducts by cancers or by inflammation or scar tissue. Cancers may arise from the pancreas, ampulla, bile duct or are spread from a different organ.
- Chronic pancreatitis (inflamed pancreas)

Common symptoms of these conditions are jaundice (yellow discoloration of skin and eyes), pain in the upper abdomen and weight loss.

Therapeutic ERCP

Therapies delivered by ERCP may include:

- Removal of obstructing gall stones. Generally this requires cutting of the valve at the lower end of the bile duct (Sphincterotomy).

Special Instructions

You will not be able to drive a vehicle of any sort, drink alcohol, operate machinery or make important decisions for 24 hours following the procedure. It is also a good idea to have a responsible adult with you overnight.

If you develop severe abdominal pain, fever/chills, continuous nausea, vomiting or pass any blood, you must contact or go to your nearest Emergency Department who will contact the Gastroenterology Registrar or Gastroenterologist on call as necessary.

What can I expect after ERCP?

Many patients have ERCP as an outpatient. Some patients are admitted to the hospital overnight. After the procedure, you will be transferred to the recovery ward where you will be observed for any complications. You will be able to go home with the person caring for you after the effects of the sedation have worn off.

You may experience mild abdominal pain, bloating or pass gas because of the air introduced during the examination. A clear fluid diet (eg. Water, lemonade, black tea or broth) should be taken until the next morning when you will be able to have a light breakfast. A normal diet may then be resumed unless instructed otherwise.

Resuming your normal medication at home

You should be able to resume most of your usual medicines. Specific instructions for some medicines may be required according to procedures performed on you.

You may be asked to withhold any medicines that reduce blood clotting while the internal cut heals, or any aspirin containing medicines eg. aspirin, disprin, cartia, for at least 5 days. You may also need to continue or commence antibiotics for a specified number of days. Please check with your doctor before leaving hospital for specific instructions.

- P3 Re-establish the flow of bile disrupted by narrowing from cancer, inflammation or fibrosis etc. (stenting).
- Obtain bile or tissue for analysis (biopsies, brushing)

ERCP can also be used to help determine whether surgery is necessary. When surgery is necessary, ERCP can be helpful in providing the anatomic detail the surgeon needs to plan an operation.

What preparation is required?

It is necessary to have a completely empty stomach which requires you to fast (have no food) for at least 6 hours before the procedure.

You should talk to your doctor about medications you take regularly, especially warfarin and aspirin, and any allergies you have to medications, or intravenous contrast fluids or iodine. Although an allergy doesn't prevent you from having ERCP, it is important to discuss it with your doctor prior to the procedure. Also please be sure to tell your doctor if you have a heart or lung condition, or other diseases.

Prior to the ERCP, you will be required to have up-to-date blood tests and antibiotics and / or medicines to help blood clots may be necessary.

Because of the sedation you are given, someone to accompany you home is required after the procedure, and stay with you that night.

Even if you feel alert after the procedure, your judgement and reflexes will be impaired by the sedation, making it unsafe for you to drive, operate any machinery or make any important decisions. If a complication occurs, you may need to be hospitalized until it resolves.

It is important to follow all the instructions given by your doctor/nurse. Failure to do so may lead to cancellation of the procedure.

The procedure

Before ERCP, a local anaesthetic is sprayed on your throat and an intravenous sedative is usually given to make you sleepy and more comfortable. Most patients receive antibiotics and medicines to relax the bowel before the procedure. Additional oxygen will be directed up your nose and your pulse and

blood oxygen level will be monitored. You will be lying on your stomach on the X-ray table. An endoscope (flexible thin tube, with a video camera at the tip that allows the physician to see inside the bowel) is passed through the mouth, oesophagus and stomach into the duodenum (first part of the small intestine). Puffs of air may be introduced through the endoscope to give a better view.

The instrument does not interfere with breathing, but you might feel a bloating sensation because of the air introduced through the instrument.

After entering the duodenum, a catheter (a narrow plastic tube) is passed down the endoscope into the ampulla. Contrast liquid is then gently injected into the ducts (pancreatic or biliary) and x-ray films are taken. As indicated, various therapeutic treatments may be performed through the endoscope.

What are possible complications of ERCP?

ERCP is a well-tolerated procedure when performed by physicians who are specially trained and experienced in the technique. Although complications requiring hospitalization are uncommon, these can occur and can be very serious, even fatal. Risks vary and are dependant on your age, why the test is performed, what is found during the procedure, what therapeutic intervention is undertaken, and whether a patient has major pre-existing medical problems.

Complications can include pancreatitis (inflammation or infection of pancreas), infections, bowel perforation or bleeding. Some patients can have an adverse reaction to the sedative used, and at times the procedure cannot be completed for technical reasons. Patients undergoing therapeutic ERCP (such as for stone removal) have a higher risk of complications than patients undergoing diagnostic ERCP. Your physician will discuss your likelihood of complications before you undergo the test.

Contact us

Gastroenterology Department
Level 6 Clinical Support block
Wellington Regional Hospital

Phone: (04) 385-5999 extension 6223

Appointment enquiries: (04) 385-5999 ext 5169

Hours: 8am-4.30pm, Monday to Friday

www.ccdhb.org.nz

Wellington Regional Hospital Emergency
Department or the Gastroenterology Consultant on
call: 04-385-5999

Interventional Recovery Ward, Radiology
Department: 04-385-5999 ext 80272 (0730-1800)
(for nurse enquiries), 04-806-0261 (for admission
enquiries)

On call Medical Registrar 24 hours via hospital
number: (04) 385-5999

www.ccdhb.org.nz

Low Fat Food Plan

This food plan is designed to help make suitable food choices when you need to limit your fat intake for medical reasons. This includes people with gallstones, inflammation of the gallbladder or pancreas or fat intolerance.

Treatment Guidelines:

- Eat 3-6 small meals per day. This means you are less likely to eat a large amount of fat at any one meal.
- Remove all visible fat from meat and chicken before cooking.
- Try low fat cooking methods e.g. grilling, steaming, poaching, boiling, microwaving or casseroles.
- Avoid adding oil, margarine, butter or other fats in cooking.
- If you have gallstones, try to avoid rapid weight loss (more than 0.5kg/week). Rapid weight loss may cause more gallstones to form.

Food Groups:

	Recommended	Not Recommended
Breads and Cereals	Wholemeal/grain/white bread, flour, rice, pasta, noodles, couscous, most cereals, low fat crackers, (check food labels)	Croissants, fried breads, toasted muesli, fried rice
Vegetables	Fresh, frozen and tinned vegetables	Avocado, fried vegetables, French fries, roasted or buttered vegetables
Fruit	Fresh, frozen, tinned and dried fruits	
Meat and Meat Alternatives	Lean beef, pork, lamb, venison, veal, lean mince Chicken (without skin) Fresh fish, fish tinned in water or brine, shellfish Legumes, beans, peas, tofu Eggs (1-2/day maximum)	Any fried, fatty or heavily marbled meats Any meat cooked in fat Luncheon meats, salami, sausage, bacon, regular mince Duck Tinned fish in oil, battered or fried fish Fried eggs

Milk and Milk Products	Skim (green top), Low fat (light blue), Calcitrim (yellow) milk, low fat milk powder Cottage cheese, extra light cream cheese Reduced fat yoghurt	Whole (dark blue) milk, full fat milk powder, cream, sour cream, ice cream Hard cheeses, mozzarella, camembert, brie Regular or Greek style yoghurt
Fats and Oils	Up to 3 teaspoons per day of oil, margarine, butter, salad dressings or mayonnaise	Any fats in large quantities, including mayonnaise and salad dressing
Sweets and Desserts	Meringues, milk pudding make with low fat milk	Cakes biscuits, pies, pastries
Drinks	Coffee, tea, fizzy drinks, juice, Milo®, low fat milk (plain or flavoured)	Milkshakes, cream based alcohols e.g. Baileys Irish Cream
Miscellaneous	Sugar, honey, marmite, jelly, jam, marmalade, marshmallows, boiled sweets, tomato sauce, chilli sauce, vinegar, pickles, mustard, herbs, spices, salt and pepper	Chocolate, coconut, coconut milk/cream, buttered popcorn, condensed milk, pastry, peanut butter, nuts

Additional Information:

- Label reading is the best way to ensure that a packaged food is an appropriate choice.
 - Look for foods that are less than 6g total fat per 100g.
 - Milk and yoghurt should be less than 2g total fat per 100g.

Key Messages:

- Eat small, frequent meals and snacks to avoid a large amount of fat in one meal.
- Choose foods from the recommended list.
- Remove fat from meat before cooking and choose low fat cooking methods.
- Read food labels to ensure you are making the best choice for your health.