

# LAPAROSCOPIC CHOLECYSTECTOMY

[www.gallstones.co.nz](http://www.gallstones.co.nz)

Gallstones, or calculi, form within the gallbladder, and cause pain by wedging in the gallbladder outlet, throwing the gallbladder into spasm. The pain is relieved when the outlet is unblocked and the stone rolls free again (until the next time). Attacks are usually recurrent, often occur in bouts, but can be years apart. Treatment involves removal of both the gallbladder and the contained gallstones. Occasionally the gallstones cause complications by escaping from the gallbladder into the common bile duct, which drains fluid from the liver, pancreas and gallbladder into the duodenum (intestine).

Laparoscopic cholecystectomy or minimally invasive cholecystectomy, like the traditional open cholecystectomy, removes the gallbladder and its contained stones. However it avoids the large muscle cutting abdominal wound of the open operation. This is achieved by inflating the abdominal cavity with 3 or 4 litres of carbon dioxide (later released) then passing a narrow video camera into the abdominal cavity via the umbilicus. The camera is connected to a television monitor to provide the view. The operation is performed by using long narrow instruments which are passed in and out through several valved tubes or ports placed in the upper abdomen.

The advantages of having the operation done in this fashion are significant. Pain and discomfort are dramatically reduced, allowing immediate mobilisation and early discharge. Instead of 5-7 days in hospital and 4-6 weeks off work/vigorous physical activity, most have an overnight post-op stay only, with no restrictions placed on activity. The anaesthetic may leave a tendency to feel somewhat "washed out" for a week or so. The average time to a return to full normal activities is 8 days in my series. In other words, the impact of cholecystectomy has been dramatically changed with this technology, almost trivialising what was previously described as a major operation.

It must be realised by anyone contemplating the operation that there is a chance of being converted to the open procedure should technical difficulties be encountered, but the chances of this occurring are very small in my practice.

Laparoscopic cholecystectomy (A Bowker 6.91 – 3.08) 5260 cases

Post-operative inpatient stay	1 night
Return to full normal activities	7-10 days
Conversions to open procedure	4 (0.2%)

**Andrew Bowker**