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Surgical Consent for Cholecystectomy

Diagnosis:

You have been diagnosed as having gallbladder disease. This may be caused by gallstones (cholelithiasis) or inflammation of the gallbladder (cholecystitis). The gallbladder may not work normally when it is inflamed or if there are stones in it. The inflammation may be chronic (lasting a long time) or acute (severe and lasting a short period of time). Gallbladder inflammation may happen because of foods that are eaten, an infection or if stones block the cystic duct (opening out of the gallbladder). Symptoms include pain in the upper abdominal area, nausea, vomiting, bloating, belching, indigestion, heartburn and intolerance of fried, fatty or spicy foods.

Name of Procedure/Treatment:

The treatment of choice of symptomatic gallbladder disease is cholecystectomy (removal of the gallbladder). The vast majority of cholecystectomies are performed utilizing a laparoscope (a thin telescope-like tube) that is inserted through a puncture wound near the navel. Other instruments are placed through two or three other puncture wounds in the upper abdomen. By utilizing these instruments and the TV camera, the gallbladder is removed from the abdomen. If at the time of the surgery, it is not safe to complete the procedure laparoscopically, an incision is made under the rib cage on the right side of the abdomen, and the gallbladder is removed in the traditional (open) manner. In some circumstances, a cholangiogram (x-ray of the bile duct) may be obtained at the time of surgery to see if stones have passed out of the gallbladder into the main bile duct. If stones are in the common (main) bile duct, a COMMON BILE DUCT EXPLORATION THROUGH AN OPEN INCISION IS USUALLY PERFORMED TO REMOVE THE STONES. A DRAINAGE TUBE IS PLACED IN THE COMMON DUCT FOLLOWING THE EXPLORATION, WHICH WILL BE REMOVED LATER IN THE OFFICE. If the gallbladder is severely inflamed, drains are sometimes placed down the gallbladder bed and removed before going home.

Risks common to all surgical procedures:

- Injury to a blood vessel or excessive bleeding. This may require a blood transfusion.
- Infection, which may require the use of antibiotics. In rare cases, another surgical procedure may be necessary to remove the infection.
- Complications with anesthesia. This may include nausea, vomiting, or in rare cases, death.
- Tobacco use, excessive alcohol use and obesity can increase the risk of any surgical procedure or general anesthetic. Any of these factors may substantially affect healing and can result in an increase of major complications including pneumonia, wound infection, blood clots in the legs and lungs, or death.

Risks and possible complications of the proposed treatment:

- Injury to the common bile duct which necessitates an open repair.
- Injury to the surrounding organs that require repair.
- Rare injury to the intestinal tract which may require repair or partial removal.
- Collection of fluid (bile or blood that might require drainage)
- Bleeding in the abdominal wall where the tubes for the instrument are placed.
- Discovery of a stone in the common bile duct following surgery, which may require removal if they do not pass spontaneously.
- Long term complications can include structuring of the bile duct which necessitates further surgery.
- Side effects that occasionally occur include diarrhea and occasionally reflux gastritis, both usually treated with medications. These risks and side effects can occur in both LAPAROSCOPIC and OPEN surgery.

Risks or complications of the proposed treatment that is specific and unique to you as the patient:

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Alternative Treatments:

- Observation is the most common alternative to treatment. Occasionally, patients with gallbladder disease can remain symptom free for long periods of time. The greatest risk of observation is progression of the disease and increased symptoms. Mechanical or chemical dissolution of gallstone has been proposed but is generally not effective, because the diseased gallbladder remains in place.

I understand the above information and give my consent to have the described treatment performed.

Patient Name

Physician Signature

Patient Signature

Date

Date

In certain cases your primary surgeon may feel that an assistant surgeon will be needed for the optimal conduct of the above surgical procedure. I understand that in certain procedures my surgeon may feel that an assistant will be needed

Patient Signature

Date