

Informed Consent

Cholecystectomy (Removal of the Gall Bladder)

You have elected to have your pet undergo a surgical procedure called a cholecystectomy, where the gall bladder is removed. Cholecystectomy is recommended when there is an apparent obstruction in the gall bladder or duct (ie a gall stone, infection, mass, mucocele). A biliary mucocele is a thickening of the contents of the gall bladder, which usually leads to obstruction and sometimes rupture of the gall bladder. The gall bladder is housed among the liver lobes. It must be dissected from the liver and its duct ligated to allow removal. The prognosis with surgery is generally very good to excellent, however, complications occur in about 15% of patients. Below, general risks of abdominal surgery are outlined, followed by those specific to cholecystectomy. Let us know if you have any questions or concerns.

Abdominal Surgery Risks

Skin incision infection- this is a risk with any surgery, and usually treatable with oral antibiotic therapy

Damage to abdominal structures- this could cause bleeding, or contamination by contents of the intestines

Adhesion formation (scar tissue formation in the abdomen)- scar tissue can impact the tissues in the abdomen in the future

Peritonitis- this is a rare but serious infection within the abdomen. If this occurs, additional therapies may likely be recommended.

Abdominal wall dehiscence (opening)- this can occur when the incision line used to close the abdominal wall fails. At first, the abdominal contents may stay covered by skin and subcutaneous tissue and revision is recommended. If they are not covered, emergency intervention is required.

Abdominal foreign body- very rarely, sponges or even instruments can be left in the abdominal cavity during surgery. We take precautions to ensure this doesn't happen, but it is possible.

Cholecystectomy

Hemorrhage (bleeding)-The liver is a very well vascularized organ. Hemorrhage is common but rarely life-threatening.

Persistent biliary obstruction- the goal of surgery in most of these cases is to relieve obstruction or prevent obstruction. In some cases, there is an obstruction that is not fully relieved (thick bile, retained gall stones in a duct), or cannot be fully relieved (inflammation from surrounding tissues or a cancer process). In some cases, additional therapies may be needed. Complete and persistent bile obstruction is fatal.

Bile peritonitis- during surgery or after surgery, there could be leakage of bile from the liver or gall bladder resection site. Bile is very irritating, and if there is an active or on-going leak, this situation could be life threatening without further treatment.