

# Grupo CHRISTUS MUGUERZA®

*Information about:*

**Laparoscopic Cholecystectomy**

**For International Patients**

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## Laparoscopic Cholecystectomy

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**Cholecystectomy** is the surgical removal of the gallbladder. Despite the development of non-surgical techniques, it is the most common method for treating symptomatic gallstones,

Laparoscopic cholecystectomy does not require the abdominal muscles to be cut, resulting in less pain, quicker healing, improved cosmetic results, and fewer complications such as infection. Most patients can be discharged on the same or following day as the surgery, and most patients can return to any type of occupation in about a week.

## Surgical Indications

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- Patients with symptomatic cholelithiasis (ie, biliary-type pain, cholecystitis).
- Porcelain gallbladder.
- Cholelithiasis in child.

## Suggested studies and indications for case examination

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### Laboratory Results:

Liver Function Studies

### Radiological Results:

Abdominal ultrasonography

In patients over 40 yr:

- Chest x ray
- EKG

\*Preoperative studies no more than 2 months old

### History and Physical Medical Records

- Medical History completed by patient (Medical Questionnaire)
- With actual medication (complete type and dose)

**Which characteristics discard the patient or makes it high risk patient (cases where additional or special care or procedures will be needed):**

**Patient discarded by having:** unfit to sustain general anaesthesia, severe bleeding disorders, doubt of malignancy, acute cholangitis, cholecystoenteric fistula, advanced liver disease.

**High risk patient by having:** Cardiovascular or respiratory disease

**Criteria for Postponement of Procedure:**

- Respiratory diseases or fever
- If the patient has been in a high-risk of infection area recently

**Pre operative tests required:**

Complete Blood Count (CBC)  
 Prothrombin time (PT)  
 Partial thromboplastin time (PTT)  
 Biochemical profile 17  
 Liver Function studies  
 EKG \* (if smoker or over 40 years old)

**Instructions before procedure:**

- 1) Patients who take blood thinners (e.g., warfarin [Coumadin]), clopidogrel (Plavix), aspirin or anti-inflammatory medications should stop taking these medications at least one week before surgery.
- 2) Patients who have diabetes and who take insulin should take half their normal dose on the day of surgery. They shouldn't take any other medications to lower their blood glucose.

## Sample Schedule

**Length of Examination:** 1 hour, 1 day at hospital

**Sample Schedule:**

Day	Time	Activity
	Morning	Departure to Monterrey
	Afternoon	Arrival in Monterrey
Day 1	4:00 PM	Consultation with general surgeon at his office
	6:00 PM	Pre op studies at Christus Muguerza Alta Esp.
	7:00 PM	Studies are left at general surgeon's office; confirmation of procedure by phone or in person; hotel stay
Day 2	10:00 AM	Procedure takes place, hospital stay
Day 3	AM/PM	Post surgery hospital stay
Day 4	AM/PM	Hotel stay
Day 5	AM/PM	Hotel stay
Day 6	10:00 AM	Consultation with general surgeon at his office
	12:00 PM	Patient may depart if cleared by the doctor

### **Standard Discharge Instructions**

- Occasionally patients may have trouble with bowel movements for up to a month after surgery; constipation may be relieved by increasing fluid intake or taking a stool softener or mild laxative, diarrhea should subside within a few weeks.
- Generally patients find they are back to their usual routine within 1-2 weeks after surgery and fully recovered within a month.
- For the first few days, you may eat whatever was easy to digest before surgery and then progress to a normal diet as tolerated.
- Gradually increase your activity. Take rest periods as needed.
- Avoid heavy lifting (> 20 lbs.) or strenuous activity for 1 week or as directed by your physician.
- Avoid contact sports. Perform lighter aerobic exercise a few days after surgery (e.g. walking, biking, swimming, golfing, jogging etc.).

### **Follow-up Protocol from Remote Provider:**

- The patient will be able to call the remote provider to answer any questions.
- Make sure the local general surgeon writes a confirmation email to the remote provider about the patient's progress.

## How do I get started?

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1. Choose your surgeon, package and preferred travel dates. Please contact us if you need any additional information.
  2. Fill out the **Medical Questionnaire** and the **Contact Information**
  3. You can send them to us by:
    - Email [internationalpatients@christusmuguerza.com.mx](mailto:internationalpatients@christusmuguerza.com.mx)
    - Fax: +52 81 8155 5151 to Medical Travel Department
    - Mail to the following address:

**CHRISTUS MUGUERZA MEDICAL TRAVEL**  
*Carretera Nacional 6501 Col. La Estanzuela*  
*Monterrey, NL, Mexico CP. 64988*
  4. Please let us know:
    - a) if you have any pictures, tests or studies relevant to your condition
    - b) the physician you selected and
    - c) the date(s) you would prefer to have your procedure done
  5. All this information will be reviewed by our medical team to determine if you are a candidate for surgery
  6. One of our CSRs (Customer Service Representatives) will contact you to let you know the final review of your case, program a conference call with the surgeon if needed, inform you about travel arrangements and visas, and answer any additional doubts you may have.
  7. Make payment and confirm
  8. All this information will be reviewed by our medical team to determine if you are a candidate for surgery
  9. Your assigned representative will confirm consultation and surgery dates and coordinate with you to make all travel arrangements
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## Contact Information

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**Toll Free:** 1 866 55 860 70

**Direct Phone:** + 52 818 174 3519

**Fax:** +52 81 8155 5151

**Email:** [internationalpatients@christusmuguerza.com.mx](mailto:internationalpatients@christusmuguerza.com.mx)

**Website:** [www.christusmuguerza.com.mx](http://www.christusmuguerza.com.mx)

**Address:** Carretera Nacional 6501 La Estanzuela  
Monterrey N.L. México 64988