

Planned laparoscopic cholecystectomy

(Removal of the gallbladder)

Information for patients

Gallbladder surgery is performed at the Chase Farm Hospital, Barnet Hospital and the Royal Free Hospital. The hospital site where you have surgery may be different to where you had your out-patient appointment. The site of your surgery will be decided by a specialist surgeon and will depend on the complexity of your operation. This will not affect the quality of your care but ensures that your surgery is performed as quickly as possible.

This information booklet answers some of the questions you might have about having your gallbladder removed. If you have any questions or concerns, please speak to your consultant.

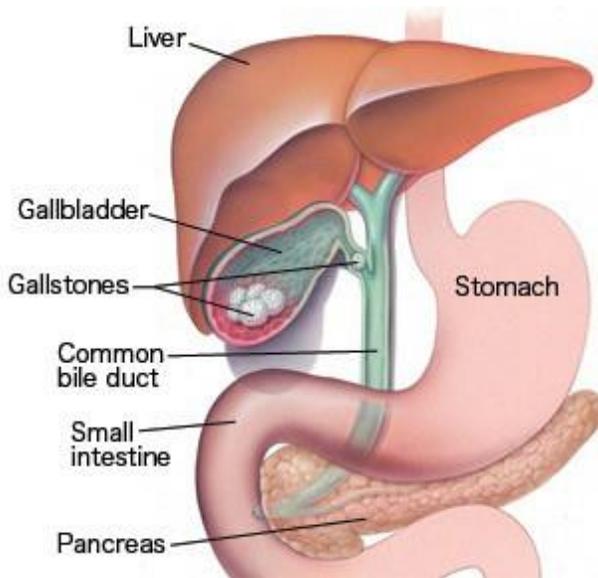


Fig. 1: Picture of part of the abdomen

What is a laparoscopic cholecystectomy?

This is the surgical removal of your gallbladder. Your gallbladder is a small sac that lies beneath your liver, below the right rib cage. It stores and concentrates bile, which is a liquid produced by your liver. The bile is then passed into your small intestine through bile ducts, to help with the digestion of fat in your food.

Your gallbladder is not an essential organ. If it is removed, bile flows to your intestines directly from your liver and digestion continues as normal.

Why should my gallbladder be removed?

Gallbladder removal is considered when you have gallstones that are causing pain or inflammation in your gallbladder. The surgery should prevent you from having further attacks of pain or complications, such as jaundice (which causes yellow skin or eyes) or inflammation of your pancreas.

What tests will I need?

Most patients have the diagnosis of gallstones made by ultrasound. You will also need to have some special blood tests done to look at your liver (known as liver markers). If your liver markers are raised this could mean that a stone has moved from your gallbladder into your bile duct and you will need to have a special MRI scan to look more closely at your bile ducts. Some patients might need to have an endoscopy procedure to remove the stone from the bile duct before they have their gallbladder is removed.

How is the surgery performed?

You will be given a general anaesthetic where you will be asleep for the entire procedure and will feel nothing.

A laparoscope, which is a small thin tube with a camera on the tip of it, is used to see the inside of your body. It is inserted through a small cut made near your belly button (navel).

Your surgeon will insert carbon dioxide gas into your abdomen through the laparoscope to help get a clearer view of your gallbladder. Several other small incisions are made in the right upper part of your abdomen. Your surgeon can then perform the operation with tools inserted into these small cuts and will remove your gallbladder through one of these cuts. The surgery normally takes about 45 to 60 minutes.

What are the risks of having a laparoscopic cholecystectomy?

There are risks associated with any surgery. Your doctor will explain the specific risks of this surgery to you before asking you to sign the consent form. Please ask questions if you are uncertain.

Possible risks and complications from a laparoscopic cholecystectomy include:

- bleeding
- infection
- the need for an open operation (not keyhole) – this may increase your stay in hospital
- injury to the bile duct or leakage of bile from the bile ducts, which may need further surgery
- injury to other organs in your abdomen
- numb patches in the skin around your wound – this is usually short-term (two to three months)
- deep vein thrombosis (DVT) – this is a blood clot in the large veins in the legs

- complications or side effects from the general anaesthetic, such as a chest infection

Giving my consent (permission)

We want to involve you in decisions about your care and treatment. Before carrying out any procedure, staff will explain the procedure to you, along with the associated risks, benefits and alternatives. If you have any questions about your care, or any concerns, please do not hesitate to ask for more information.

If you decide to go ahead, you will be asked to sign a consent form. This states that you agree to have the treatment and you understand what it involves.

How long will I be in hospital?

Many patients will go home on the same day as their surgery, but some may need to stay overnight.

How will I get home?

Wherever possible, patients are required to make their own way to and from hospital appointments. If your medical condition affects your ability to travel independently (including with the help of friends, relatives or carers), our transport service can assess whether you meet the Department of Health and Social Care's criteria for eligibility to use this service. Please contact the hospital transport department on: 0333 240 4909 to see if you qualify for hospital transport.

What happens to my gallbladder?

The gallbladder will be sent to the pathologist for examination. Your doctor will receive a full report from the pathologist after two to three weeks. If there are any further issues that need to be discussed with you, your doctor will write to you, otherwise you will not need any further follow-up at the hospital.

How much pain will I experience post-operatively?

Most people only experience mild to moderate pain, which is easily controlled with pain medication.

You may notice some shoulder pain which is due to the gas inserted into your abdomen during surgery. This gas will gradually disappear but the discomfort may persist for several days. After about two to three days most of the discomfort should disappear. Gently moving around will help to get rid of any trapped gas.

When can I return to normal activities?

You can return to your normal physical and sexual activities when you feel comfortable. You should avoid heavy lifting and vigorous exercise such as running for at least two weeks. You should gently build up your exercise as you feel able.

When can I start driving?

You should not drive for at least 48 hours after a laparoscopy. Before driving you should ensure that you could perform a full emergency stop, have the strength and capability to control the car, and be able to respond quickly to any situation that may occur. Please be aware that driving while unfit may invalidate your insurance, and you should check with the conditions of your insurance policy as they do vary.

When can I return to work?

You can return to work as soon as you feel up to it. This will depend on how you are feeling and the type of work that you do. If you have a desk-based job, you may feel ready to return within three to four days. If you are involved in manual labour or heavy lifting you need to avoid straining for at least two weeks.

What can I eat?

Some people find that they do not tolerate fatty foods as well as they used to, but there are no dietary restrictions and you may eat a normal diet as soon as you are hungry. It is always best to have a balanced diet.

It may take a few days before your appetite returns to normal. When you feel hungry start with light frequent meals and then increase at your own pace.

When can I have a bath or shower?

You will have some plastic dressings on your wound. These will fall off after about 10 days. You can wash your body, but please make sure you keep your wounds completely dry for the first 48 hours after your surgery. If possible, avoid having a bath or swimming within the first week, as soaking your wounds in water increases the likelihood of infection. If you have a shower within this time, please avoid standing with the water spraying directly on your wounds.

After the first week, you can have a bath or shower as normal. Pat the wounds gently when drying. Avoid using creams or ointments on your wounds until they have fully healed – this will prevent any delay in your wound healing.

What if I have a problem at home?

Please contact your GP or hospital ward if you need advice or have:

- excessive pain – especially if you also have nausea and vomiting and your abdomen feels larger than usual
- persistent bleeding from your wounds
- a high temperature (38°C / 100°F or above)
- difficulty passing urine

- redness, inflammation and pain at the wound site
- pus coming from your wound
- yellow skin or eyes (jaundice)

If you think it is an emergency, please go straight to your nearest emergency department.

If you have any feedback on this leaflet or for a list of references for it, please email: rf.communications@nhs.net

This leaflet is also available in large print. If you need this leaflet in another format – for example Braille, a language other than English or audio – please ask a member of staff.

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