

## Laparoscopic cholecystectomy (gallbladder operation)

### Other formats

If you need this information in another format such as audio tape or computer disk, Braille, large print, high contrast, British Sign Language or translated into another language, please telephone the PALS desk on 01271 314090.

Removal of the gallbladder is also known as cholecystectomy and is usually performed with a keyhole (laparoscopic) technique, therefore the operation is usually known as a 'laparoscopic cholecystectomy'.

### Who is this leaflet for?

- Patients considering or planned to undergo surgery for removal of the gallbladder
- Patients recovering from gallbladder surgery

### What information does this leaflet contain?

This information is provided to help you understand what to expect from surgery to remove your gallbladder including the various potential risks and benefits. It can be used to help you make decisions about whether to proceed with surgery and how to plan for your recovery from surgery in conjunction with information provided by your surgeon, your GP and other healthcare professionals.

This leaflet provides general information relevant to most patients undergoing surgery. However, individuals may have pre-existing medical conditions and different clinical needs; therefore, certain scenarios may not always be covered by this information.

This information can be read in conjunction with an information video produced by North Devon District Hospital. The video is available as a DVD from the Upper GI Department and online via the trust website at this address:

[www.northdevonhealth.nhs.uk/services/general-surgery/upper-gi-surgery/gallbladder/](http://www.northdevonhealth.nhs.uk/services/general-surgery/upper-gi-surgery/gallbladder/)

### Why is a cholecystectomy needed?

The gallbladder lies behind your right lower ribs, underneath the liver. It is a small sac which stores and concentrates the bile produced in the liver. The main bile duct is a tube draining bile from the liver into the bowel and the gallbladder is connected to the bile duct via a side branch.

In some people, small stones, known as gallstones, can form in the gallbladder. These can range from the size of grains of sand to large pebbles over 3cm in diameter. Around 15% of the UK adult population is thought to have gallstones although they may not cause any symptoms at all; therefore, they do not always need to be removed.

Sometimes, gallstones can cause pain lasting from minutes to hours, which can be severe. Occasionally gallstones can cause inflammation of the gallbladder, causing longer lasting pain, which can require treatment with antibiotics. In some patients, gallstones can escape from the gallbladder into the bile duct where they can cause a blockage leading to jaundice (yellow eyes/skin and, usually, with darker urine) or pancreatitis (painful inflammation of the pancreas gland). Acute gallbladder symptoms may or may not require admission to hospital depending on the nature and severity of symptoms.

In line with national guidelines, patients presenting to North Devon District Hospital with acute symptoms from gallstones may be offered early surgery to remove the gallbladder along with the stones within. Patients with intermittent symptoms from gallstones or symptoms not requiring acute assessment may be seen by their GP and referred to a surgeon in the outpatient clinic, and surgery may be arranged on a planned basis from there.

## **What does a cholecystectomy involve?**

### **Laparoscopic cholecystectomy**

Most gallbladder operations (97%) are now performed by 'keyhole' surgery. This means making four small incisions in the abdomen and using a narrow high-definition (HD) telescope called a laparoscope connected to a screen to facilitate the surgery. This is performed under a general anaesthetic (fully asleep).

Special narrow instruments are passed through the other incisions to free the gallbladder. It is then drawn out through one of the incisions. The wound is then closed with absorbable stitches under the skin.

### **Open cholecystectomy**

3% of patients need to have a traditional open incision (8 to 15cm) in order to remove the gallbladder. This may be due to scar tissue from previous surgery (adhesions) or if there is technical difficulty in removing the gallbladder via attempted keyhole surgery. Your surgeon may recommend this from the start, or make this decision once he/she has assessed the gallbladder through the laparoscope.

## **Are there any alternatives, can I avoid surgery?**

If you leave things as they are, you may have more pain from the gallbladder, which, although unpleasant, is not usually dangerous. If you have had only one attack, you may like to wait and see. This is worth considering if you feel you could not cope with having an operation, and especially if you are over 80 years old.

Patients with intermittent pain from gallstones (biliary colic) are offered surgery. In order to prevent further potentially serious complications, patients with inflammation of the gallbladder (cholecystitis) or inflammation of the pancreas (pancreatitis) are usually recommended to have the gallbladder removed.

Drugs can be given to dissolve the stones away. However, this can take many months and is not always effective. Often the drug cannot get into the gallbladder or, if the stones are very big or chalky, they may not dissolve. The stones also tend to come back after the treatment has stopped. This approach is therefore not recommended.

Some patients ask if the gallstones can be removed from the gallbladder, leaving the gallbladder itself behind. This is technically very difficult, is prone to complications, the gallstones tend to reform and there is no overall disadvantage in having the gallbladder removed; therefore the gallbladder is removed along with the stones within.

Fatty foods can aggravate gallbladder pain in some patients; therefore, it is usually recommended that patients with gallstones avoid large fatty meals. However, diets high in refined carbohydrates and sugars should also be avoided as these can lead to the development of more gallstones.

## **Preparing for your operation**

You will usually not need to come into hospital until the day of your operation. You should have nothing to eat for six hours before the operation but may continue to drink clear fluids up to two hours beforehand. Full information is given to you by the pre-operative assessment clinic.

If you are having planned surgery (rather than emergency or urgent surgery) then your surgeon may recommend a special pre-operative diet for two weeks before the operation. You will be given full information on what to eat and drink from the pre-operative assessment clinic. This diet is aimed at reducing the size of the liver prior to surgery and is beneficial in terms of reducing the operative difficulty, reducing the operative duration and aiming to reduce complications such as bleeding.

## **After your operation**

### **Going home**

This will depend on how fit you are, who is at home with you and how comfortable you are after the operation. After a laparoscopic cholecystectomy, most patients should be able to go home on the day of surgery. After an open operation, you will need to stay longer.

### **Pain**

There will be some discomfort or pain associated with the incisions, especially for the first few days. You may also experience some shoulder pain from the gas used to inflate the abdomen which settles within a couple of days. You should take regular painkillers for the first few days, including paracetamol and a non-steroidal anti-inflammatory medication such as ibuprofen/diclofenac if you have no contra-indication to such drugs. You should make sure that you have a supply of these at home before coming in for surgery. After this time you can take medication only as and when you need.

### **Stitches and dressings (RC)**

The wounds will be covered with shower-proof dressings, which should remain in place to protect the wounds for 3 days after surgery. Swimming or soaking under water in a bath should be avoided until the wounds are dry. Dressings can be left for up to a week, at which point they should be removed if still in place.

### **Diet**

Most patients can take a normal diet after gallbladder removal. It is wise to avoid large fatty meals, particularly in the first few weeks after surgery.

## **Tiredness**

As the body heals and recovers, you will feel more tired than usual, which is a normal reaction to surgery.

## **Feeling emotional**

It is normal to feel upset or emotional in the days/weeks following surgery, which can be a normal reaction to the operation and recovery process.

## **Activity/exercise**

You can start to walk about as soon and as much as you want. Light household tasks can be done. You can get back to sport and other physical activity as soon as your discomfort allows. It is sensible to build up gradually. Avoid contact sports and heavy lifting for about a month after an open cholecystectomy.

## **Driving**

You must not drive within 24 hours of a general anaesthetic. You can return to driving when you feel mentally and physically able and safe to do so. Most patients can drive from around one week after surgery. You should inform your insurance company about the operation and check your individual policy details.

## **Sex**

You can restart sexual relations within a week or two, when the wounds are comfortable enough.

## **Work – when should I go back to work including working during recovery?**

After a laparoscopic cholecystectomy, you should be able to return to a light job after about 7 days and any heavy job after two weeks. You do not need permission from your GP to return to work. After an open operation, you may need to stay off work for 3-4 weeks, occasionally even longer. The hospital is able to provide a sick-note for 2-3 weeks. After this time, if you need longer off work, you will need to see your GP. If you have a physically demanding job, you may wish to discuss with your employer before surgery any arrangements that may allow you to return to lighter duties at an earlier stage, which can help in your mental and physical recovery.

## **Things that will help you recover more quickly**

- Eat healthily
- Stop smoking
- Accept practical help and emotional support from family and friends
- Keep to a routine – get up at your usual time and move around the house, even before you are back to work
- Build up gradually – you can start usual household activities but build up slowly and rest if you need to

## Keeping well

Having an operation presents a good opportunity to become more aware of your body and general health. This is a good time to check that you are taking a healthy diet with at least 5 portions of fresh fruit and veg per day. Make sure to keep active with regular exercise, which can include walking, gardening and household tasks. If you are overweight or obese, losing weight before surgery will make the operation technically easier for the surgeon and safer for you with a lower risk of complications. If you are a smoker, consider using this as an opportunity to stop smoking which will make surgery safer and provide long-term health benefits.

## What problems can occur after a cholecystectomy?

The gallbladder acts only as a storage organ and people can live perfectly safely without one. Complications are unusual after a cholecystectomy. Wound infection, for example in the belly button, is a rare problem and settles down with antibiotics in a week or two. If pus starts to come out, then the wound may need to be opened up to release the infection.

Occasionally after a cholecystectomy, a small collection of fluid can develop in the space where the gallbladder used to be, causing persistent pain. The fluid may be absorbed of its own accord or it may need removing. Sometimes it can develop into an abscess requiring further surgery.

Sometimes, stones can be found in the bile ducts as well. In an open operation these can be removed, but it is hard to do this in a keyhole operation. In this case, a second procedure has to be carried out at a later date. This involves passing a telescope through the mouth into the stomach to remove the bile duct stones. Your doctors will explain all this to you.

## What should I do if there is a problem?

Please contact your GP if:

- The wound starts to become red, painful or swollen
- You develop increasing abdominal pain or become jaundiced (yellowing of the whites of the eyes and/or skin)
- You have any concerns

If you are unwell outside of normal GP working hours, you should contact medical services in the usual way (out of hours GP via NHS 111, Accident & Emergency)

## Follow up

If everything has been straightforward, then a follow-up appointment is not usually necessary. You will be advised by the surgical team if follow up is required and it will be indicated on your discharge summary.

## Further information

If you are worried or unclear about any aspect of your operation, please ask the nurses or doctors for more information when you come into hospital. The following links can also provide you with further information about cholecystectomy and recovery from surgery:

### Royal College of Surgeons of England

[www.rcseng.ac.uk/patient-care/recovering-from-surgery/gall-bladder/](http://www.rcseng.ac.uk/patient-care/recovering-from-surgery/gall-bladder/)

### NHS Choices

[www.nhs.uk/conditions/gallbladder-removal/](http://www.nhs.uk/conditions/gallbladder-removal/)

### DVLA - Driver and Vehicle Licensing Agency

[www.gov.uk/browse/driving/disability-health-condition](http://www.gov.uk/browse/driving/disability-health-condition)

### **PALS**

The Patient Advice and Liaison Service (PALS) ensures that the NHS listens to patients, relatives, carers and friends, answers questions and resolves concerns as quickly as possible. If you have a query or concern call 01271 314090 or e-mail [ndht.pals@nhs.net](mailto:ndht.pals@nhs.net). You can also visit the PALS and Information Centre in person at North Devon District Hospital, Barnstaple.

## Have your say

Northern Devon Healthcare NHS Trust aims to provide high quality services. However, please tell us when something could be improved. If you have a comment or compliment about a service or treatment, please raise your comments with a member of staff or the PALS team in the first instance.

'Care Opinion' comments forms are on all wards or online at [www.careopinion.org.uk](http://www.careopinion.org.uk).

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