

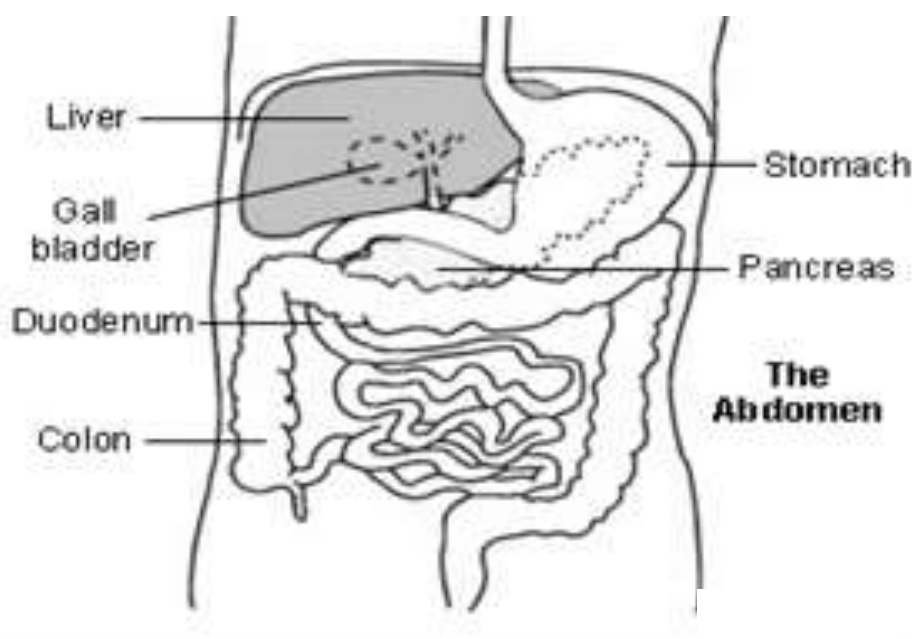
## Patient information

# Laparoscopic Cholecystectomy

## General Surgery

### What is the Gallbladder?

The gallbladder is a small sac that stores bile which is necessary to help digest fatty foods.



### What are gallstones?

Gallstones are very common and result from a combination of an imbalance of chemicals in the bile, and the gallbladder not working properly.

### What problems can gallstones cause?

Most people who have gallstones never know they have them, as they do not cause symptoms. But in others they can cause:

- **Pain**

This is due to gallstones blocking the exit from the gallbladder. It can be very painful and come on very suddenly. It can take minutes or hours for the pain to go away completely (biliary colic). Sometimes the gallbladder can become inflamed, which sometimes needs antibiotics (cholecystitis).

- **Jaundice and pancreatitis**

Rarely, a stone can pass down the pipe connecting the gallbladder to the bowel.

Sometimes this can lead to a complete or partial blockage of the tube, causing the patient to turn yellow, have dark urine and pale faeces, this is called jaundice. A stone in the tube can also irritate the pancreas gland resulting in inflammation and pain.

### **Is there an alternative to surgery?**

A diet very low in fat can reduce the chances of getting pain from gallstones, but cannot take the risk away completely. There are also drugs that can 'dissolve' gallstones, but they do not work in most cases, and the stones will often come back, because the gallbladder does not function properly.

The best way to deal with the problem is to take both the gallbladder (and the stones) away with an operation.

### **What will it be like without a gallbladder?**

The gallbladder is not an essential organ, and following its removal you can live a completely normal life, and eat whatever food you like.

### **What does the operation involve?**

Both the gallbladder and the stones are removed. This can be done as a laparoscopic (keyhole) operation under general anaesthetic.

General anaesthesia is drug-induced unconsciousness: it is always provided by an anaesthetist, who is a doctor with specialist training.

Unfortunately, general anaesthesia can cause side effects and complications. Side effects are common, but are usually short-lived: they include nausea, confusion and pain. Complications are very rare, but can cause lasting injury: they include awareness, paralysis and death.

There is a risk of damage to teeth, particularly caps or crowns and veneers. Your anaesthetist will take every care, but occasionally damage can occur.

The risks of anaesthesia and surgery are lower for those who are undergoing minor surgery, and who are young, fit, active and well.

For more information, please ask for a copy of the leaflet **"You and Your Anaesthetic"** (PIF 344).

You will be given an opportunity to discuss anaesthetic options and risks with your anaesthetist before your surgery.

**If you are worried about any of these risks, please speak to your consultant or a member of their team.**

The operation is done through four (very occasionally five) small holes about one to two centimetres in your tummy. The gall bladder is removed through the biggest cut around the tummy. Sometimes we need to shave the tummy area before the procedure.

Occasionally, it is not possible or safe to take the gallbladder out using key hole surgery, and the operation will then be completed (all while you are under general anaesthetic through a cut under the ribs on the right side ( about 5% chance). The size of the cut will depend on lots of things such as how difficult the operation is, how big you are etc.

### **What are the possible complications?**

The operation is usually straightforward and you will usually be able to go home the same day or the following day, unless you have had an open operation.

**There are some risks, but these are small and are detailed below.**

1. **Shoulder pain:** This often occurs after keyhole surgery and is caused by the gas used by the surgeon as part of the operation. It usually lasts only a few hours but can last up to 24 hours.
2. **Infection:** This is rare but most commonly occurs in the cuts made on the tummy. Very rarely infection can be in the lungs, or where the gallbladder was located
3. **Bleeding:** This occurs rarely, and occasionally requires another operation to put right.
4. **Bile leak:** Rarely some bile can leak from the operation site. This often will settle, but occasionally may need to be drained.
5. **Damage to surrounding structures:** This is a very rare complication, nearby structures can be damaged by accident during the operation. These include the main bile pipe, bowel or blood vessels to the liver. The risk of damage to the main bile pipe is around 1 in 450.
6. **Deep vein thrombosis (DVT) and pulmonary embolism (PE):** These are rare complications that can occur following any operation. Your risk will be assessed, but all patients will be asked to wear stockings and will get an injection to thin the blood to decrease the risk of DVT and PE.
7. **Retained stone:** Before or during the operation, a stone from the gallbladder can move into the main bile pipe. Sometimes this passes without a problem, but sometimes it is necessary to remove it with a second procedure.
8. **Diarrhoea and indigestion:** Rarely patients have increased bloating, diarrhoea or indigestion following surgery. This occurs up to 5% of the time, and usually settles with time.

### **What about pain after the operation?**

We aim to minimise the pain after the operation, and you should be comfortable and able to get up and about after surgery relatively quickly. We also give you painkillers during and after the operation, as well as painkillers to take home. You should be well enough to be mobile around the house with minimal discomfort.

The dressings are shower proof, and you can have a shower immediately after the operation, provided you keep the dressings as dry as possible.

The little cuts are closed with clips which will need to be removed about a week after the operation (sometimes dissolvable stitches are used which do not need removing).

We will arrange for the district nurse or the nurse at your family doctor (GP) to take out the clips for you.

### **What about recovery?**

We will encourage you to eat and drink as soon as possible after the operation. You will be assessed by nurses on the ward, and provided you are well you should be able to go home later that evening. If you have had an open operation you will need to stay in hospital for a few extra days.

Full recovery takes about two weeks for keyhole surgery and four to six weeks following an open operation.

### **Bowels**

It is quite usual for bowels not to open for a day or two following surgery. Should you feel uncomfortable after this, you should consult your family doctor (GP).

### **Returning to work**

You should be able to go back to work fairly quickly following the operation, depending on how physically demanding your job is. On average two to three weeks following key hole surgery and four to six weeks following open operation. Activities such as heavy lifting should be avoided for four to six weeks following key hole surgery, and up to three months for open surgery.

### **Driving**

Once you can do an emergency stop, wear a seatbelt and look behind you without pain then you are safe to drive. Please do not drive before this, as it possible that your insurance company may not cover you.

### **Check ups**

We do not normally need to see you again after the operation.

If any problems arise after you have gone home, see your family doctor (GP) in the first instance who can arrange for you to be seen again if necessary.

### **Feedback**

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

## Further information

If you need any further advice, please contact one of the following:

**Broadgreen Day Case Unit**

**Tel: 0151 282 6842/6743**

**Text phone number: 18001 0151 282 6842/6743**

**Ward 11Z**

**Tel: 0151 706 2547**

**Text phone number: 18001 0151 706 2547**

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