

# Medical Advice for an Adult Patient who has undergone a Subtotal Cholecystectomy

## Introduction

This patient information leaflet should be provided together with the information leaflet entitled 'Laparoscopic cholecystectomy' which you should read first.

## What is total cholecystectomy?

'Cholecystectomy' means excision and removal of the whole gallbladder.

To emphasize the completeness of this operation, it is also known as 'total cholecystectomy.'

## What is 'Difficult gallbladder'?

'Key-hole' (laparoscopic) total cholecystectomy (i.e., complete removal of the gallbladder) is the recommended procedure for a patient with symptomatic gallbladder stone disease.

However, there are times when it is not safe to remove the gallbladder entirely. This is usually a result of severe inflammation of the gallbladder, when the gallbladder cannot be safely dissected from the vital structures to which it is adjacent, which may include the main bile duct and major blood vessels supplying the liver.

Surgeons often use the term – 'difficult gallbladder' – to describe this situation.

To reduce the chance of injury to these vital structures your surgeon may choose to perform an operation called a 'subtotal cholecystectomy.'

## What is 'Subtotal cholecystectomy'?

It is the removal of most of the gallbladder (instead of the entire gallbladder) along with all gallstones. A small cuff of gallbladder, which is firmly attached to the vital structures at the base, is left inside your abdomen.

Sometimes the term 'partial cholecystectomy' is used as an alternative name for this surgical procedure.

## How does a surgeon perform subtotal cholecystectomy?

A surgeon performs a subtotal cholecystectomy through four 'key-holes' (if it is laparoscopic surgery) or one large incision (if it is open surgery).

The decision to choose one surgical way or another depends on many factors. If you wish to discuss your surgery in detail, please ask your Consultant Surgeon to answer operation related specific questions.

## What are the early side effects related to subtotal cholecystectomy?

The most frequent side effect of subtotal cholecystectomy is the need for the drainage of spaces around the liver after the operation. Almost all patients will need a drain.

Bile leaking through the drain is another common side effect of this operation.

It happens in approximately 20 – 25 per cent of patients.

In most cases, bile leak stops spontaneously in a week or two.

For other patients, especially those who have a prolonged leakage of bile, another procedure may be necessary, including radiological drainage, endoscopic imaging of bile ducts (i.e. ERCP), or re-laparoscopy.

Collection of fluid (bile, or blood, or mixture of blood and tissue fluid) in the undrained areas of abdomen is another common side effect.

Treatment options include a 'watch and wait' plan and depend upon the size of the collection of fluid and clinical symptoms.

Infection of the fluid (abscess) around the liver or within the left portion of the gallbladder is possibility, too.

### **What are the late side effects of subtotal cholecystectomy?**

Most patients will not experience any late side effects as the remnant part of the gallbladder becomes atrophic (shrivels away).

Occasionally gallstones may remain in the remnant part of the gallbladder, or they may reform. Some patient with this will experience symptoms of pain, which may be very similar to those with which they first presented. In a very small number of patients it may be necessary to perform a second operation to deal with this remnant gallbladder.

You will receive a follow-up appointment for 8-12 weeks' after your surgery to ensure that you have not developed these complications.

If you are well and pain-free, a Consultant will discharge you from the clinic.

If you have any symptoms, a Consultant Surgeon will consider additional

investigations such as Ultrasound scan, Endoscopic Ultrasound scan, CT-scan, MRI, ERCP.

### **Is there a risk of development of new gallstones in the gallbladder's remnant?**

Very rarely, patients may develop new gallstones in the gallbladder's remnant over a few decades.

### **Is there a risk of cancer in the left tissues of the gallbladder?**

In general, the incidence of cancer of the non-operated gallbladder in the UK is minimal.

Patients who have undergone subtotal cholecystectomy for gallstone disease remain at the same low risk or even lower risk of developing a cancer in the residual gallbladder tissue.

### **What is the impact of subtotal cholecystectomy on chronic gastrointestinal disease?**

Symptoms of chronic gastrointestinal disease or syndrome (gastritis, irritable bowel syndrome, inflammatory bowel diseases etc.) may worsen temporarily after the operation.

Patients can have their bowels open 3-4 times a day and have some abdominal cramps. However the symptoms should improve over time.

### **Frequently asked questions**

**Q1.** Why was a piece of the gallbladder left inside?

**A1.** That piece of the gallbladder was in firm contact with vital structures including the main bile duct, the liver, blood vessels or with the bowel.

It was safer to leave it because of concerns that further surgery might result in severe

injury and temporary or even permanent disability.

**Q2.** Is a piece of the gallbladder left inside going to cause me pain?

**A2.** No, highly unlikely. However, a small residual gallstone or gallstones in the gallbladder's remnant and (or) its bile duct (also called cystic duct) moving to the main bile duct can be a cause of biliary pain or even infection or yellowing of the skin or whites of the eyes (jaundice).

If you are in pain, Consultant Surgeon will discuss with you all other diagnostic and treatment methods.

**Q3.** What is the chance of development of new gallstones in the remaining portion of the gallbladder?

**A3.** You are at a small risk of developing new stones in the remnant of gallbladder over the next few decades.

**Q4.** Can subtotal cholecystectomy cause more complications than a total cholecystectomy?

**A4.** Yes, it can. This increased risk is related to early side effects of subtotal cholecystectomy.

On the other hand, laparoscopic subtotal cholecystectomy is safe option when the surgeon is faced with a difficult gallbladder

## When should you return to hospital?

Most people recover well and do not experience complications. Call your doctor or attend the Accident & Emergency Department, if you have:

- Increased or persistent pain not relieved with pain relief medications
- Jaundice (yellowing of the whites of the eyes and the skin)
- Persistent fever

- Temperature above 38.5°C
- Shakes, swelling, chills, rigors
- Uncontrolled vomiting
- Persistent bloating of the stomach
- Redness or swelling around the wound
- Discharge of bile, pus or blood from the wound
- Blood in your vomit, urine, or cough
- Swollen leg or both legs

## Follow up appointments

It is crucial that you do not miss any of your follow up appointments.

## Who can I contact if I have questions or concerns?

- Secretary of your Consultant Surgeon during working hours 8am - 5pm from Monday to Friday via Contact Hospital Switchboard on 0151 525 5980.

Leave a message for the surgical team.

- Nursing staff on Surgical Assessment Unit via Contact Hospital Switchboard on 0151 525 5980.

To note, Hospital Switchboard service is available seven days a week.

- If you think that your condition is serious, then it is best to come straight to Aintree Accident & Emergency Department\*.
- Please seek advice from your GP.

**\*When you come to the hospital please bring this and any other relevant discharge documents that you may have been given at the time of discharge to help the A&E doctors to decide your management.**

## Are there any other sources of information about subtotal cholecystectomy available for patients?

Unfortunately, there are no information sources about subtotal cholecystectomy for the patients in the UK, by June 2018.

Only research papers are available online.

General information about gallbladder removal is available at

<https://www.nhs.uk/conditions/gallbladder-removal/#risks-of-gallbladder-removal-surgery>



### If you require a special edition of this leaflet

This leaflet is available in large print, Braille, on audio tape or disk and in other languages on request. Please contact:

**Tel No: 0151 529 2906**

**Email: [interpretationandtranslation@aintree.nhs.uk](mailto:interpretationandtranslation@aintree.nhs.uk)**