

Laparoscopic cholecystectomy

Removal of the gallbladder

Introduction

You have been given this leaflet because your surgeon has decided that your gallbladder needs to be removed. The most common reason for this is because you have gallstones.

What is a gallbladder?

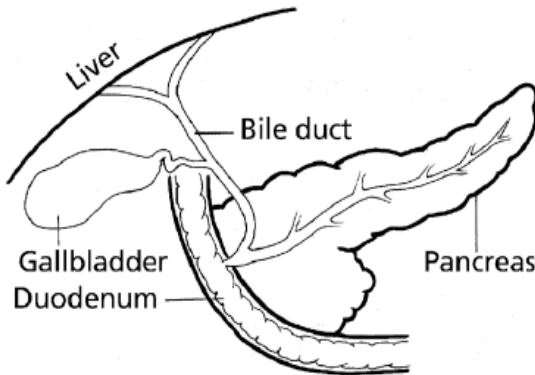


Figure 1: Anatomy of the Gallbladder and Biliary Tree

Your gallbladder is used to store bile (a fluid made by the liver). When you eat food that contains fat, the gallbladder squeezes out bile into the bowel. This is to help break down the fat.

About 1 in every 3 people will have gallstones in their gallbladder at some point in their lifetime. About 1 in 3 of those people will have problems of some kind as a result of those stones.

Symptoms can include moderate to severe pain, nausea and/or vomiting. Removing the gallbladder stops these symptoms.

You can live normally without your gallbladder. The bile from your liver will simply trickle into your bowel instead of being stored in the gallbladder.

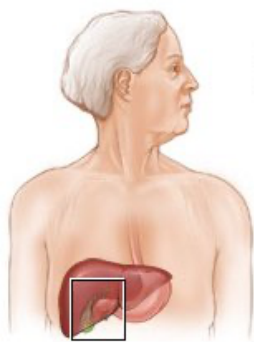


Figure 2: The gallbladder's location on in the body

How is the gallbladder removed?

Your gallbladder will be removed using laparoscopic (keyhole) surgery, which leads to a quicker recovery. The keyhole surgery involves making 4 small cuts (incisions) in your abdomen through which instruments are passed to carry out the surgery.

You may have a thin tube in your abdomen after your surgery. This is to drain away any fluid from where your gallbladder was removed. The tube is usually removed the day after the surgery.

In some patients, an X-ray of the bile duct is taken during the operation to make sure that no stones have escaped from the gallbladder into the bile ducts.

In about 1 in every 100 cases, we find it difficult to remove the gallbladder using the keyhole method. If this happens, we may need to change to 'open surgery'. This

will involve making a single larger cut about 12 cm to 15 cm under the ribs, on the right side of your abdomen.

Benefits

- In 9 out of every 10 people, removal of the gallbladder stops the painful symptoms that were caused by gallstones.
- Gallstones may also cause pancreatitis (inflammation of the pancreas) or jaundice (yellowing of the skin and whites of eyes) and in certain cases, removal of the gallbladder stops these from re-occurring.

Risks

Risks of laparoscopic cholecystectomy are rare, but can include:

- Infection or bleeding.
- Leakage of bile into the abdominal cavity. This is rare but may lead to having another surgical or keyhole (endoscopic) procedure.
- Damage to the bile duct, this is very rare occurring in less than 1 in every 2000 cases and may also lead to a further surgical or keyhole (endoscopic) procedure.
- Chest infection or a clot forming in the calf or lungs (deep vein thrombosis, or DVT).
- Damage to other parts of the stomach (bowel or major blood vessels).
- Rarely, stones can escape during the procedure, either into the abdominal cavity or into the bile ducts. This may require a further procedure to treat.

- Rarely, patients experience diarrhoea after gallbladder surgery which may require dietary modification or medicines to treat (post-cholecystectomy syndrome)

What to expect

Removing the gallbladder using the keyhole method is still a major operation. Most patients are discharged the same day, but some patients may need to stay in hospital overnight.

If open surgery is used to remove the gallbladder, there will be more discomfort in the early days due to having a larger wound. In this instance, patients tend to stay in hospital for about 3 days after the surgery.

After keyhole or open surgery, you should gradually increase your activity during the next 2 weeks. You will be able to return to work after 2 to 4 weeks.

Do not drive until you can do an emergency stop comfortably and without hesitation, usually 1 to 2 weeks following your operation.

Wound care

Dissolving stitches are used under the skin in both keyhole and open surgery, so there are none to be removed. Paper strips (Steristrips™) or glue will be used to close the small cuts made during keyhole surgery. The dressings and glue used are waterproof but please avoid getting soap on the glue when you wash or shower. The Steristrips™ or glue can be peeled off after 7 days.

Medication

You can expect to have some discomfort in the area where you have had surgery. Some people have shoulder tip pain which is due to the medical gas used during your operation. You can take pain relief regularly for 1 to 2 weeks after the surgery, carefully following the instructions on the pack.

Taking regular codeine-based pain relief can cause constipation. To avoid this, drink plenty of water and eat plenty of bran, fresh fruit and vegetables. If this does not help, then please contact your GP for advice.

Diet

Immediately after your operation, you will be able to drink fluids providing you do not feel sick. You will then progress to a normal diet before discharge.

You will have a drip (tube) in your arm which will allow us to give you fluids until you are able to drink enough yourself.

After discharge, you will be able to eat and drink as normal but we advise you to stick to a healthy balanced diet.

Follow up

Most patients do not need to have a follow-up appointment, but one will be arranged if needed.

When to seek medical advice

If you experience the following, please seek medical advice either from your GP or NHS 111.

- If your wound sites become red, painful or you have a discharge, this could be due to a wound infection. Treatment with a course of antibiotics may be needed.

Please attend the Accident & Emergency Department if you experience any of the following:

- Severe or worsening abdominal pain, jaundice (yellowing of the eyes or skin), high temperature or a lot of vomiting.
- If you have a painful, red, swollen, hot leg or experience difficulty bearing weight on your legs.

If you have shortness of breath, chest pain or cough up blood, it could be a sign that a blood clot has travelled to your lungs (pulmonary embolus). You should call the Emergency Services on 999 immediately.

Contact information

If you have any concerns, please contact your GP or out of normal working hours contact NHS 111 for advice.

NHS 111

Tel: 111

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Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.

Ask 3 Questions

To begin with, try to make sure you get the answers to three key questions if you asked to make a choice about your healthcare.

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?



These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation.

***Ask 3 Questions** is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial. Patient Education and Counselling, 2011;84: 379-85



<https://aqua.nhs.uk/resources/shared-decision-making-case-studies/>



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