

**Patient  
Information**

# 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?

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 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.

We remove your gallbladder 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 used to carry out the surgery. You may have a thin tube in your abdomen after your surgery, which is to drain away any fluid from where your gallbladder was removed. This is usually removed the day after your operation.

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 100 of cases, we find it difficult to remove the gallbladder using the keyhole method. If this happens, we may need to change to 'open surgery', which involves making a single larger cut about 12cm to 15cm under the ribs, on the right side of your abdomen.

Reference No.

**GHPI0007\_05\_18**

Department

**Upper GI**

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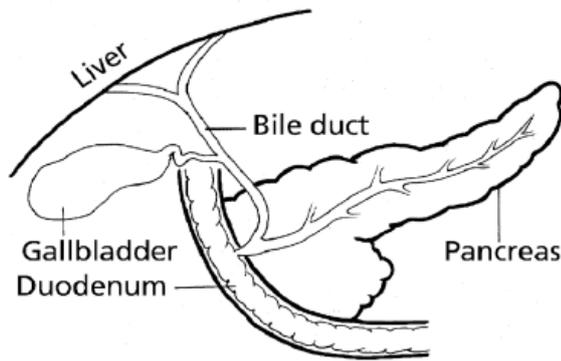


Figure 1: Anatomy of the Gallbladder and Biliary Tree

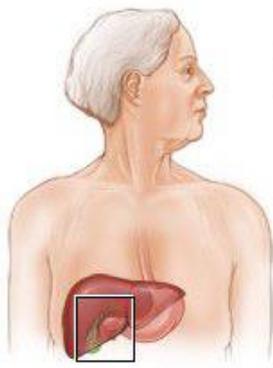


Figure 2: The gallbladder's location on in the body

## Benefits

- In 9 out of 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

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- Damage to the bile duct, this is very rare occurring in less than 1 in 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
- Very rarely patients experience diarrhoea after gallbladder surgery, which may require medicines to treat

## What to expect

Removing the gallbladder using the keyhole method is still a major operation. Most patients are discharged the same day, but there are some patients who need to stay 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 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 surgery and open surgery, so there are none to be removed. You will either have paper strips (Steristrips™) or glue to close the small cuts made during keyhole surgery. The dressings and glue used are waterproof so you can shower as normal. Peel these off after 4 to 5 days.

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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 talk to your GP.

**Diet**

Following your operation you will be able to drink fluids providing you do not feel sick.

You will have a drip (tube) in your arm which will give you fluids until you are able to drink enough yourself and slowly build up to a normal diet. Following your operation you should be able to eat and drink what you like but we advise you to stick to a healthy balanced diet.

**Follow up**

Patients do not usually need to have a follow-up appointment, but one will be arranged for you if it is needed.

**When to seek medical advice**

If you experience any of the following, please seek medical advice either from your GP or NHS 111. If you choose to go to hospital, try to go to the hospital where you had your procedure:

- If your wound sites become red, or painful or you have a discharge. This could be due to a wound infection, when treatment with a course of antibiotics may be needed
- An increase in abdominal pain, a 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)

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## **Contact information**

If you have any concerns, please contact your GP or NHS 111.

**NHS 111**

Tel: 111

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