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Laparoscopic Cholecystectomy

Information Sheet

What is a gall bladder and why should it be removed?

The gall bladder is a small pear-shaped organ resting under your liver (under your right ribs). The gall bladder collects and stores bile (digestive juices) produced by the liver.

The gall bladder is usually removed if it contains gallstones that cause symptoms. These symptoms commonly include recurring pain, inflammation and indigestion. Removal of the gall bladder does not usually impair the digestive system and digestive juices will continue to flow through the bile ducts.

What is a Laparoscopic Cholecystectomy?

Laparoscopy is commonly known as keyhole surgery and is performed by passing a small tube-shaped telescope into your tummy. This tube (known as a Laparoscope) is connected to a high intensity light and a video camera, so that the surgeon can see what is happening inside you. Cholecystectomy is the medical term for removal of the gall bladder.

To remove the gall bladder, four little puncture wounds are made (one in the tummy-button, one in the upper abdomen and two under your ribs on the right hand side).

The Laparoscope is passed into one of these incisions, and surgical instruments are passed into the others. To provide space for the surgery, your tummy is filled with Carbon dioxide (a harmless gas). Once the gallbladder is freed, it is removed through one of the puncture wounds. The operation normally takes 30 – 60 minutes.

It is important to note that in 2-3% of cases, the gall bladder cannot be safely removed by keyhole surgery. There are several reasons for this including people who have had previous operations in their abdomen, unexpected difficulty in removing the gall bladder, severe inflammation, or the risk of damage to surrounding structures. In these cases, an open operation will be necessary. This will require a 6–8 inch incision in your abdomen and this will result in a hospital stay of several days.

What are the risks?

All surgery has some risks, and complications occur in about 5% of cases. Most complications are mild and easily resolved.

Specific risks of laparoscopic cholecystectomy are:

- Injury to the bile ducts (the passages carrying digestive juices).
- Injury to the Intestine (bowel) or other internal organs.
- Injury to blood vessels causing internal bleeding.

Injuries to these structures are rare, occurring in up to 0.6% of operations (6 in 1000 cases). This may require corrective action or further surgery.

General risks of surgery are:

- Wound infection.
- Deep vein thrombosis (Blood clots in the legs).
- Pulmonary embolism (Blood clots in the lungs).
- Rarely a hernia (a lump or bulge) may develop around one of the wound sites. This is caused by a weakness of the abdominal muscles and may require corrective surgery.
- Very rarely, severe complications may result in death during or after the operation.

Whilst most of these complications are immediately obvious and can be corrected immediately, some may not appear for a few days.

What are the benefits?

The main benefits are relief from the recurring pain and infections caused by a diseased gall bladder and prevention of serious gallstone complications such as pancreatitis and jaundice.

Are there any alternatives?

There are no other effective, safe, durable and widely accepted alternatives to surgery. Although other methods have been attempted (such as drugs or lithotripsy) they have not been very successful and gallstones frequently reappear. The other alternative is to have no treatment. The risks of not treating a diseased gallbladder are repeated attacks of pain and inflammation that may lead to life threatening infections and complications.

How long will I be in hospital?

It is usually necessary only to stay one night in hospital after the operation. Occasionally you will need to stay in hospital longer.

What happens before the operation?

Prior to admission you may need to have a pre-operative assessment. This is an assessment of your health to make sure you are fully prepared for your operation. The pre-operative assessment nurses will help you with any worries or concerns that you have and will give you advice on any preparation needed for your surgery.

Before the day you come in to hospital, please read the instructions given to you very closely. On the day of operation you must **STOP** eating food and milk products **six hours** before your operation, and stop drinking fluids **four hours** before. If your stomach is not empty, there is a risk that you could vomit during the anaesthetic and breathe in acid from the stomach, causing lung damage. Small quantities of **water** can be drunk until **two hours** before your surgery. You should bath or shower before coming to hospital.

On admission a member of the nursing staff will welcome you. The nurses will look after you and answer any questions you may have. You will be asked to change into a theatre gown. To reduce the risk of blood clots you may be given a blood thinning injection and some special socks to wear.

A nurse will go with you to the anaesthetic room and stay with you until you are asleep. A small plastic tube will be put in the back of your hand using a needle. This will be used to give you the medication to send you off to sleep.

What happens after the operation?

When you wake up a drip (a tube attached to a bag of fluid) will be connected to your arm. This will be removed when you are drinking well. Occasionally, a drain (a tube to remove fluids from the abdominal cavity) is placed in your abdomen. This will usually be removed the next day. Your blood pressure, pulse and wounds will be monitored closely over the first few hours. You will normally be able to start drinking shortly after the operation and can start eating as soon as you are hungry. You will normally be able to get out of bed a few hours after surgery although the nurses will assist you the first time.

You will experience some pain from your wounds. In addition you may notice some shoulder pain which is due to the gas inserted into your tummy during surgery. This gas rapidly disappears, but the discomfort may persist for several days. Moving around as soon as possible will help prevent gas pains.

Before your discharge, the nurse will advise you about your post operative care and will give you a supply of painkillers. Your GP will be notified of your treatment.

A follow-up appointment (usually for about six weeks) will be arranged for you, or you can arrange one yourself with my secretary at Bridge Clinic if you prefer.

How long will it take to recover from the anaesthetic?

Whilst most of the effects of anaesthesia wear off in a few hours, it is common to have poor concentration and memory for the first day or so. It is important therefore that you do not make important decisions, sign legal documents or operate machinery or equipment for at least 24 hours after the anaesthetic. Muscle aches or headaches may also be experienced over the first few days.

How much pain should I expect?

It is normal to have incision pain after surgery and your tummy may feel quite bloated and tender. This should start to subside after a few days. After about 10 days most of the soreness should disappear. You may also notice that you have a slightly sore throat. This is due to the “breathing” tube placed in your throat during surgery and should subside in a day or so.

To minimise discomfort you should take painkillers regularly over the first few days (ensuring that you do not exceed the dose prescribed). If you have any queries or problems with your painkillers your local pharmacist should be able to give you advice.

What daily activities can I do?

You can return to normal physical and sexual activities when you feel comfortable. It is normal to feel tired after surgery, so take some rest two or three times a day and try to get a good night’s sleep. After a week or so, you should be able to resume most of your normal daily activities. You should avoid heavy lifting and vigorous exercises for at least two weeks.

When can I start driving?

You should not drive for at least one week. Before driving you should ensure that you can perform a full emergency stop, have the strength and capability to control the car, and be able to respond quickly to any situation that may occur. Please be aware that driving whilst unfit may invalidate your insurance.

When can I return to work?

You can return to work as soon as you feel well enough. This will depend on how you are feeling and the type of work that you do. If you have a desk job you may feel ready to return in a week or so. If you are involved in manual labour or heavy lifting you may require a bit more time. Typically you will need between two and three weeks off work.

What can I eat?

There are no dietary restrictions after removal of the gall bladder and you may resume a normal diet as soon as you are hungry. It may take a few days before your appetite returns. When you feel hungry start with light frequent meals and then increase at your own pace.

Will I feel sick after surgery?

Nausea and vomiting are common after surgery. This should subside over the first two or three days. Take extra rest and try to drink something regularly. If you can tolerate food take small frequent snacks.

When will my bowel movements return to normal?

You may find it takes three or four days to have a normal movement. If you have not had a bowel movement three days after surgery a mild laxative should help. If you do not have any laxatives at home your local chemist will be able to advise you. Alternatively you may experience some diarrhoea after surgery. This should settle within three or four weeks. If the diarrhoea is bothersome your local chemist can advise you on over-the-counter remedies. Remember to drink plenty of fluids so that you don't get dehydrated.

How do I care for my wounds?

If there are any dressings in place, you can remove them 24-48 hours after your operation. You may then shower or take a quick bath. There is no need to apply further dressings. The incisions will usually be closed with dissolvable stitches.

The incisions will probably be red and uncomfortable for 1-2 weeks and some bruising and swelling is common. After the incisions have healed there will be a small scar like scratch. These scars first appear pink, but over the next few months they will become less and less noticeable. There may be some persistent bumpiness and bruising around the wounds, but these will gradually improve. You may also notice numb patches in the skin around the incisions. Whilst in most cases sensation will gradually return, occasionally the numbness may be permanent. Occasional aches and twinges in the wounds can persist for several months.

Rarely, a wound infection may develop during the first few weeks after surgery. Symptoms include increasing tenderness, pus-like discharge, swelling and redness of the wounds. If this occurs, contact the hospital, Bridge Clinic or your GP as you may need some antibiotics to resolve the infection and discomfort.

When should I seek help?

- If you notice large amounts of blood or pus from your wounds.
- If you develop a fever above 101° F (38.5 ° C)
- Vomiting that continues more than three days after surgery
- Inability to have a bowel movement after four days.
- Persistent pain not relieved with your prescribed painkillers.
- Persistent abdominal distension (bloating of your tummy).
- Increasing pain or swelling around your wounds.
- Jaundice (yellowing of the eyes or skin)

Where should I seek advice or help?

The hospital, Bridge Clinic or your GP.