Gateshead Health NHS
NHS Foundation Trust

Laparoscopic Cholecystectomy

Patient 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.

TRUTH - Removing the gallbladder function from impaired to zero - a long list of heath risk can occur - inc cancers

Generally once the gall bladder is removed the symptoms you have had will resolve. In some instances they persist for a short time and then get better. In other cases some symptoms may be due to other conditions (not caused by the gallstones). If you continue to have symptoms (for longer than three months) you should discuss this with your Consultant or GP.

Lie - Root cause for problems is likely due to removal of the gallbladder function and resulting issues

What is a Laparoscopic Cholecystectomy?

Laparoscopy is commonly known as keyhole surgery and is performed by passing a tiny 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 belly-button, one in the upper abdomen and two under your ribs on the right hand side). Occasionally, a fifth puncture wound is made so that the surgeon can examine the digestive ducts a little closer. The Laparoscope is passed into one of these incisions, and tiny surgical instruments are passed into the others. To provide space for the surgery to be performed, 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 whole procedure normally takes 30 – 60 minutes. It is important to note that in about 5 in 100 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, the surgeon will need to proceed to an “open” cholecystectomy. This will require a 10 – 15 cm incision in your abdomen. This is a bigger procedure and will mean a hospital stay of several days (on average between 2-5days). In view of the small chance of needing “open” surgery you will be asked to consent to both techniques. Your recovery period after the open procedure will be longer, so you will need to bear this in mind in relation to return to work and booking/taking of holidays. We will be happy to advise on any of these issues.

What are the benefits?

The main benefits are relief from the recurring pain and infections caused by a diseased gallbladder.

What are the risks?

All surgery has some risks, and complications occur in about 5 in 100 cases. Most complications are mild and easily resolved.
Specific risks of laparoscopic cholecystectomy are:

Patients case sue - TRUTH rate of bile duct injury (BDI) has risen from 0.06% to 0.3%. Open vs Laparoscopic cholecystectomy

- 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. Not 0.06% but actually accepted rate is 0.3% (1 in 300)

Injuries to these structures are rare occurring in up 6 in 1000 cases. This may require corrective action or further surgery, this will be discussed with you in more detail when you see the consultant.
During the removal of the gallbladder it is common for stones to escape into the space inside the tummy (abdominal cavity). The overall risk of having a complication from an escaped stone is about 1 in 3000. Stones escape in about one in ten patients. If stones do escape1 in 300 suffer from complications in the long term. Because this risk is very small, we do not routinely discuss whether this has happened during your operation or not. If it is important to you and you would like to know whether your surgeon thinks stones could have escaped, you can ask at any time after the operation.

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. There is an increased risk of post-operative complications if you are overweight or if you smoke.
The risks of surgery are assessed on an individual basis, as they can vary depending if you have any underlying health issues. Please discuss this with your Consultant.

Not mention as required by law - Risk of issues known as Post cholecystectomy syndrome are 43% likely for woman

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 (the use of shock waves or ultrasonic waves to crush the gall stones), they have not been very successful and gallstones frequently reappear. The other alternative is to have no treatment. The risks of not

For surgeons - is widely accepted as the new bread and butter cash cow income stream

American College of Gastroenterology - recommends dissolution of Gallstones under 1cm with 40-80% success rate

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?

This will be determined during your pre operative assessment. You would normally come into hospital on the day of your surgery and go home the same day unless there are specific reasons for you to be in hospital the day before your operation.

What happens before the operation?

Prior to admission you will need to have a pre-operative assessment. This is an assessment of your health to make sure you are fully prepared for your operation. If you prefer we may be able to do this over the telephone, but you may need to come to the hospital if we need further tests. 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 your date of admission to hospital, please read very closely the instructions given to you. You will be given specific instructions about when to stop eating and drinking, please follow these carefully as otherwise this may pose an anaesthetic risk and we may have to cancel 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 will be assessed as to whether you will need to be given a blood thinning injection and/or some special socks to wear. The surgeon and anaesthetist will visit you and answer any questions that you have. You will be asked to sign a consent form. A nurse will go with you to the anaesthetic room and stay with you until you are asleep. A cuff will be put on your arm, some leads placed on your chest, and a clip attached to your finger. This will allow the Anaesthetist to check your heart rate, blood pressure and oxygen levels during the operation. 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) may 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 procedure, 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 may experience some pain from your wounds. If you do, the nurses will give you painkillers. In addition, you may notice some shoulder pain which is due to the gas inserted into your tummy during surgery. This gas will gradually disappear but the discomfort may persist for several days. Moving around as soon as possible will help prevent gas pains. Before your discharge you will be given a supply of painkillers, dressings and post-operative instructions. Your GP will be notified of your discharge. A hospital follow-up appointment will be arranged for you.

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 wound 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 the painkillers that you have been given, regularly over the first few days (ensuring that you do not exceed the dose prescribed). After your discharge, if you have any queries or problems with your painkillers your can seek advice from your local GP or chemist .

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 would be wise to avoid eating fatty food (e.g. cheese, full fat milk, cream, fried foods) for the first week or so, we would encourage eating a healthy well balanced diet at all times. 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 not unusual after surgery, we endeavour to keep this at a minimum, medication can be used during the anaesthetic and after to control this. 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 advice 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. Initially it is preferable that you take a shower, if you do not have a shower a short bath would be better to prevent the wounds becoming 'soggy'. There is no need to apply further plasters unless you feel it would be more comfortable to do so. You may notice a few small white tapes (called steri-strips) over the operation sites. These will usually fall off within a week or so. If any are still in place after a week you can gently remove them. The incisions will usually be closed with dissolvable stitches. If removable stitches are used, the ward nurses will arrange for you to go to the Practice nurse at your GP surgery to remove them. 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, visit your GP as you may need some antibiotics to resolve the infection and discomfort.

When should I seek help?

- If you have a discharge of blood or pus coming 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?

During the hours of 8am -8pm contact the Day Surgery Unit, North East NHS Surgery Centre, Queen Elizabeth Hospital 0191 4453009

During the hours of 8pm -8am contact Level 2, North East NHS Surgery Centre, Queen Elizabeth Hospital 0191 4453005

Data Protection

Any personal information is kept confidential. There may be occasions where your information needs to shared with other care professionals to ensure you receive the best care possible.

In order to assist us improve the services available your information may be used for clinical audit, research, teaching and anonymised for National NHS Reviews. Further information is available in the leaflet Disclosure of Confidential Information IL137, via Gateshead Health NHS Foundation Trust website or the PALS Service

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