

General Surgery

Elective Laparoscopic Cholecystectomy

This information aims to explain what will happen before, during and after your surgery to remove your gallbladder. It includes information about the benefits, risks and alternatives to this procedure in order to help you make an informed decision and give your consent to this surgery.

Please ask about anything you do not fully understand or wish to have explained in more detail.

Remember, you can change your mind about having the procedure at any time.

Before your Operation

- Most patients attend a Pre-Anaesthetic Assessment Clinic (PAAC).
- At this clinic you will meet a senior nurse who will assess your general health by asking for details of your medical history. They will carry out any necessary routine clinical examinations and investigations. This is a good opportunity for you to ask us any questions about your anaesthetic.
- You will be asked if you are taking any tablets or other types of medication (which include herbs/vitamins) whether prescribed by a doctor, bought over the counter in a chemist or supplied from a health food shop. Please bring with you details of anything you are taking (ideally bring the packaging).
- Please **stop any herbal or weight loss medications 2 weeks prior** to surgery.
- Depending on your medical history, you may also be referred to see a doctor (anaesthetist) for further assessment.

What is a Laparoscopic Cholecystectomy?

This is an operation to remove the gallbladder using key-hole surgical techniques. The gallbladder is being removed because it is giving you pain possibly due to gallstones. These small stones form in the gallbladder and can cause a range of problems including pain, jaundice, infection and pancreatitis. Gallstones are very common, but do not always cause symptoms and are usually diagnosed by an ultrasound scan. Gallstones that are not causing trouble can usually be left alone.

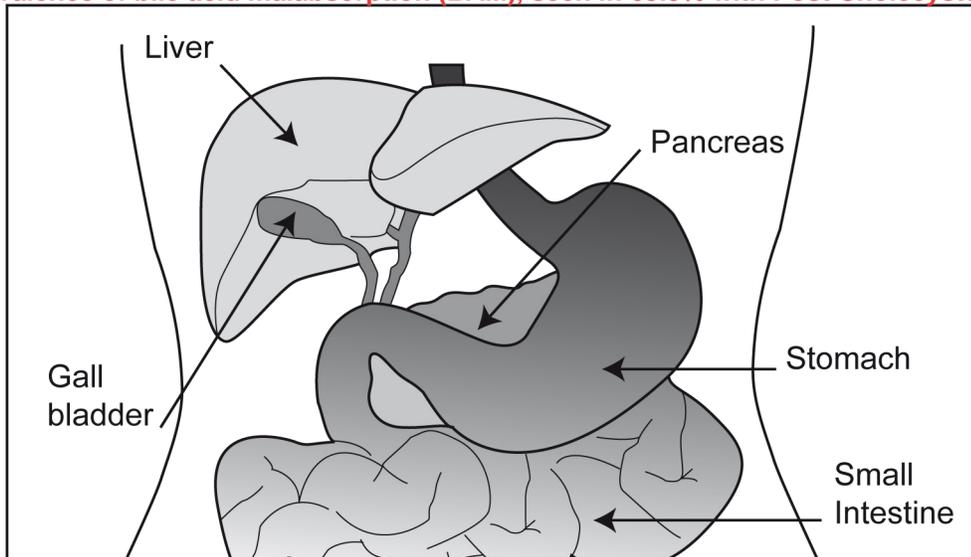


Patient Information

What does your gallbladder do?

Your gallbladder is a small reservoir attached to the side of the bile duct under the liver in the upper right part of the abdomen, just under the ribs. A digestive liquid called bile is produced by the liver is stored in the gallbladder. When we eat, particularly fatty foods, the gallbladder empties the stored bile into the bile duct and then into the intestine to mix with the food helping digestion. We can manage without the gallbladder. **Very rarely, patients notice that their bowels are a little looser than before the operation** You will be able to **eat a normal diet after your operation**, assuming that there is nothing else wrong with you.

Chronic diarrhea : Recent studies have found that this can occur in up to 17 percent of people after gallbladder removal
“The prevalence of bile acid malabsorption (BAM), seen in 65.5% with Post Cholecystectomy Diarrhea.”



During the procedure

- You will be given a general anaesthetic, putting you to sleep.
- Approximately four small holes (about 1-2cm) are made in the tummy wall. Through these, special long instruments are used to free up the gallbladder with its stones from underneath the liver and it is completely removed. This is viewed on a TV screen by a miniature camera inserted through one of the four keyholes.
- Pain killers and anti-sickness drugs will be given whilst you are asleep to make you comfortable.

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How is this different from the traditional operation for gallbladder problems?

The actual operation is the same. The only difference is the way in which we get to the gallbladder to remove it. Traditionally, we make a small cut underneath the ribs (approx 10-15 cm long). This takes longer to heal than the four small holes of keyhole surgery and the recovery is slower.

Is there a guarantee that keyhole surgery can be done?

No, there is no guarantee that the operation can be completed by keyhole surgery. The procedure may not be appropriate if you have had previous upper abdominal surgery or some other pre-existing medical conditions. The doctor will discuss this with you.

If there is some technical difficulty with removing the gallbladder during keyhole surgery then a traditional cut would be needed to remove it. The time in hospital would be a little longer (3 to 5 days) and the recovery at home would be between 6-8 weeks. The risk of having to convert to open surgery is small, about 1-3%.

Intended benefits of the procedure

It is hoped that removing the gallstone will relieve the pain and symptoms that you are experiencing.

Who will perform my procedure?

A team of surgeons who have the appropriate experience will carry out the procedure.

Deception - Must disclose alternative treatment option in order to obtain informed consent - which this form does not

Is there an alternative procedure available?

Unfortunately no alternative exists. The only successful treatment is to remove the gallbladder and gallstones completely. The results of this operation are very good and most patients can then return to eating a normal diet.

What are the risks?

As with all operations, there are small risks. These are assessed on an individual basis depending upon each patient's fitness and this should be discussed with your specialist prior to surgery. However, overall this is a very safe operation.

- There is a 1 in 300 risk of an injury to the bile duct, which will need further procedures or operations to repair the damage.
- There is a small risk (1 in 250) of bleeding, infection and hernia formation following this procedure. Further treatment or an operation maybe required.
- In the event of a stone or stones being found in the bile duct (4% risk), further procedures will be required.
- There is a 1 to 3% risk of the key-hole operation being converted to an open surgery gallbladder operation and the chances of this happening are higher in complex cases and in those patients who have had previous surgery.
- There is a very small risk of injury to other abdominal organs, which will need immediate repair



Patient Information

Information and support

You will be given additional patient information leaflets after the procedure which will explain what to do and what problems to look out for. If you have any questions or concerns, please feel free to ask your doctor or nurse who will answer any queries you might have, including the more detailed technical aspects of this procedure. If you have further questions please contact the Specialist Nurse.

Your Operation – what will happen?

When will my surgery be? The date of your surgery will be posted to you by the consultant's secretary.

Before your operation

Before your operation your anaesthetist (doctor who will put you to sleep) will visit you in the ward, and occasionally this will happen in a pre-anaesthetic assessment clinic. The anaesthetist who looks after you on the day of your operation is the one who is responsible for making the final decisions about your anaesthetic. Do not be worried about your anaesthetic. When your anaesthetist visits you before your operation, this is the time to ask all the questions that you may have. He or she will need to understand about your general health, any medication that you are taking and any past health problems that you have had. Your anaesthetist will want to know whether or not you are a smoker, whether you have had any abnormal reactions to any of the drugs or if you have any allergies. They will also want to know about your teeth, whether you wear dentures, have caps or a plate. Your anaesthetist needs to know this information so that they can assess how to look after you in this vital period. Your anaesthetist may examine your heart and lungs and may also prescribe medication that you will be given shortly before your operation, the pre-medication or 'pre-med'.

Pre-medication is the name given to medication (drugs) given to you before your operation. These drugs may be given as tablets or injections. Not every patient is given a pre-med; your anaesthetist has to take many factors into account in making this decision.

On the Ward

Before your operation you will be asked to wear a gown and be given anti-embolism stockings to wear which will reduce the risk of any clots developing in your leg. You will then be taken to the anaesthetic room in the operating theatre.



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In the operating theatre the Anaesthetist, Operating Department Practitioners and nurses are likely to be present. An intravenous line (drip) may be inserted. Monitoring devices will be attached to you, such as a blood pressure cuff, ECG leads (heart monitoring leads) and a pulse oximeter. A pulse oximeter is a peg with a red light, which is placed on your finger. It shows how much oxygen you have in your blood and is one of the monitors that an anaesthetist uses during your operation to ensure that you remain in the best of health. You may be given some oxygen to breathe.

After the Operation

- You will wake up in the recovery room after your operation. You might have an oxygen mask on your face to help you breathe. You might also wake up feeling sleepy.
- After this procedure, most people will have a small, plastic tube (cannula) in one of the veins of the arm. This might be attached to a bag of fluid (called a drip), which feeds your body with fluid until you are well enough to eat and drink by yourself.
- While you are in the recovery room, a nurse will check your pulse and blood pressure regularly. When you are well enough to be moved, you will be taken to the ward.
- Sometimes, people feel sick or vomit after an operation, especially after a general anaesthetic. If you feel sick, please tell a nurse who will administer medicine to make you more comfortable.
- Immediately after the operation there is some discomfort from the small cuts in the skin of the tummy, but this is well controlled with simple pain-killers. All the wounds are closed with stitches and paper strips. The nurses will tell you if and when the stitches need to be removed at your GP's surgery.

Once you are fully awake you will be taken to the ward to fully recover before you are accompanied home. Do not expect to feel completely normal immediately!

Eating and drinking: You can eat and drink a few hours after the operation. You should gradually return to a normal diet, although it is advisable to continue taking a low-fat diet as a healthy option, and drink plenty of water.

Getting around and about: You will be encouraged to get out of bed and walk around, on the day of your surgery. This will reduce the risk of complications such as clots in your leg and chest infections. Please continue to wear the anti-embolism stockings (white tights) provided for the first few days, especially when in bed.

Pain relief: You will be advised to **take regular painkillers** for the first few days, this is important to achieve a good recovery from your operation.



Discharge Home

When will I go home?

Most people who have this type of procedure **leave hospital the same day** (usually between 6.00-8.00pm) or the following morning. The actual time that you stay in hospital will depend on your general health and how quickly you recover from the procedure. You will need to be accompanied home and have a responsible adult to care for you.

When can I resume normal activities including work?

It will then take 7 to 14 days to recover at home and most people are back to their normal activities within 2 to 4 weeks. A doctor's sick note will be given to you before you go home and your GP will provide any additional sick notes.

How do I care for my wound?

Remove your large dressings in 48 hours, but **do not remove the narrow paper strips**. Keep your wound clean and dry, by bathing and showering regularly. Please dry your wound carefully; a "cool" hair-dryer is good for drying them. Most stitches do not need removing. The narrow paper strips will need to be gently peeled off in 5 days. You will be advised if you do require stitches to be removed. Please visit your practice nurse about 7 days after your operation. During this visit the nurse will also check that your wound is healing and remove any stitches.

Will I have a check-up?

No follow-up clinic appointment is usually required. The Laparoscopic Specialist Nurse will phone you during the first few days at home. Your GP can provide additional pain relief and advice and you can make an appointment for the practice nurse to check your wounds.

What if I have any problems at home?

If you experience any of the following problems whilst you are at home

- Severe pain,
- Fever (39°C),
- Abdominal swelling,
- Yellowing of the skin and whites of your eyes (jaundice)
- Infection,
- An oozing wound

Please immediately contact your own GP or Emergency Admissions Unit (024 7696 4000 switch board).



Patient Information

Patients who have been discharged on the same day as their surgery and feel unwell on the first night after the operation, please contact Surgical Admissions Unit (Ward 22 SAU) Tel: 024 7696 6814.

All other patients please contact Emergency Admissions Unit (024 7696 4000 switch board).

By kind permission, the content of this leaflet is based on information produced by Addenbrooke's Hospital, Cambridge.

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Information also available on www.uhcw.nhs.uk/

Document History

Author	Jenny Abraham
Department	General Surgery
Contact Tel	25931
Published	April 2006 Reviewed April 2007, May 2008, March 2010
Review	March 2011
Version	3
Reference No	HIC/LFT/117/06

