

# Laparoscopic removal of your gallbladder

## General Surgery Patient Information Leaflet

### Introduction

This leaflet is about laparoscopic (keyhole) removal of the gallbladder for those who are considering this operation. It gives information on the operation, its benefits, risks and how people feel afterwards.

### What is the gallbladder?

The gallbladder lies behind your right ribs at the front, below the liver and above the duodenum. The duodenum is the first part of the intestine immediately after the stomach.

The gallbladder is a pouch that stores bile. Bile is the digestive fluid produced by the liver that helps to break down fatty foods. Bile is carried from the liver to the gallbladder and from there to the gut by tubing called bile ducts.

Bile is made from cholesterol, bile salts and waste products. When these substances are out of balance, small, hard stones called gallstones can form. The stones form in the gallbladder and often cause pain. Occasionally the stones can cause the gallbladder to become irritated and inflamed.

If stones escape from the gallbladder, they can block the bile ducts, causing pain, fever and yellow jaundice.

## **Why remove the gallbladder?**

If your gallbladder is diseased and inflamed, it will continue to cause problems unless it is removed. If only the stones are removed, new ones are likely to form.

## **What does the operation consist of?**

We take out your gallbladder and the stones in it. We have already checked that there are no stones, as far as we can tell, in your bile ducts. Some patients have already had their bile ducts cleared of stones.

In your case, we should be able to do the operation using keyhole surgery. This means making three cuts about a centimetre long in front of your tummy, plus another in your navel (belly button).

We pass a very long narrow telescope called a laparoscope through one of the cuts. Using this, we can see what is going on inside your tummy on a television screen. We pass special narrow instruments through the other cuts.

We free the gallbladder and draw it out through one of the cuts. The medical name of this removal is a cholecystectomy. Then we close the cuts with stitches under the skin.

The operation is carried out using a general anaesthetic which means that you will be asleep. Most patients can go home either the same day or the next day after this operation.

Rarely after starting the operation, we find that we cannot safely take out the gallbladder this way. Then we need to make a bigger cut to do the job. We can only tell at the time of the operation. This will usually mean being in hospital for two to three days.

## What are the benefits of the operation?

Removing a diseased and inflamed gallbladder will stop the pain you have been experiencing.

## What are the risks?

As with any operation, there are some risks. These may relate to any operation, or specifically to this operation.

### Risks relating to any operation

- You may develop an infection at the site of the cuts. We will give you antibiotics to reduce this risk.
- You may develop a chest infection after the operation. To help prevent this, we will encourage you to get moving as soon as possible after the operation. A physiotherapist will advise you about breathing exercises.

If you smoke, it is a good idea to give up at least a week before the operation.

- You may develop a blood clot (thrombosis) in the veins of your legs. Rarely, part of the clot may break off and travel to your lungs. This is known as pulmonary embolism and can be very dangerous.

To reduce this risk, we may give you anti-embolism stockings. Some patients are given an injection of a blood-thinning drug called enoxaparin once a day while they are in hospital. Moving around after your operation will also help prevent blood clots from forming.

- Although we carry out heart checks before an operation, very rarely unforeseen problems can occur, such as a heart attack or heart failure.
- You will have a needle inserted into your hand or arm to give you fluids and drugs during the operation. The site of the needle entry can become inflamed and painful. Rarely an ulcer can develop.

- During the operation, an electrical instrument called a diathermy will be used to stop any bleeding from small vessels. To use this, we have to put a pad directly onto the skin, usually on the leg. We may need to shave this area. Very rarely, some people experience a reaction under this pad, which may cause a burn.
- Some people have bleeding after the operation. If this happens, you may need another operation to stop it.

### **Risks relating specifically to this operation**

- In some cases, the operation is too difficult to perform using keyhole surgery and the surgeon has to carry out open surgery. This can mean you have a longer recovery time.
- The keyhole instruments used to remove the gallbladder can injure surrounding structures, such as the intestine, bowel and blood vessels. The risk is increased if the gallbladder is inflamed. This type of injury is rare and can usually be repaired at the time of the operation. Sometimes injuries are noticed afterwards and a further operation is needed.
- Damage to the bile ducts can occur which would require a bigger operation to repair the damage.
- A stone may escape from the gallbladder and get stuck in the duct. Usually, the stone can be removed at a later date using a telescope passed through the mouth and into the stomach.
- When the gallbladder is removed, special clips are used to seal the tube that connects the gallbladder to the main bile duct that drains the liver. The clips may come off and this may result in a leakage of bile into the abdomen.

This can be controlled using a telescope passed through the mouth, or a second operation may be advised.

Complications are unusual but are rapidly recognised and dealt with by the nursing and surgical staff. If you think that all is not well, please ask the nurses or doctors.

You may feel aches and twinges in the wounds for up to six months after the operation. Occasionally, some people have numb patches in the skin around the wound. This may take about two to three months to get better.

### **Complications of anaesthetics**

- You may react to any of the anaesthetic drugs. These reactions are recognised and anticipated by the anaesthetist and usually cause no permanent damage.
- Feeling or being sick is one of the most common problems after an operation. If you feel sick, please speak to a nurse as we can give you anti-sickness medicine.
- Chest infections are more common after surgery in patients who smoke or who have chest problems. The anaesthetic gases can affect secretions in the lungs and it is harder to cough them up after the operation, when it hurts to do so. If you have a smoker's cough, this may be worse.

The physiotherapists will help you to cough and clear your chest.

- During the operation, you will have a tube inserted into your throat. For this reason you may have a sore throat for a while afterwards.
- Occasionally, there may be difficulty introducing a tube for breathing into your windpipe. You may receive a letter about this from the anaesthetist after your operation.

The importance of this is to highlight the problem so that if in the future you need another operation, you can warn the anaesthetist by showing them this letter.

There are other unusual complications that are not listed in this brief overview. However, if you ask the anaesthetist who visits you before the operation, he or she will be happy to go into as much detail as you wish. If you have any particular worry, write it down so that you do not forget to ask about it.

Modern anaesthetics are very safe and the complications are very rare. Remember there are over three million patients having anaesthetics every year in this country, and only very few have any sort of problem, if they are fit and well before the operation.

## **Are there any alternatives?**

If you leave things as they are, you are likely to have more of the same symptoms. This may be more episodes of pain from the gallbladder, which are unpleasant although not dangerous.

If you have had only one 'attack' of pain, you may like to wait and see. If you feel you could not cope with the operation, and especially if you are over seventy years old, this is worth thinking about. However, if you have had yellow jaundice, or pancreatitis, you can get seriously ill if you have another attack.

Research has shown that dissolving the stones away by drug treatment has been disappointing. It takes many months of treatment. Often the drug cannot get into the gallbladder. The stones may not dissolve away if they are big or chalky. The stones come back after the treatment has stopped.

Shock wave treatment has been tried but with very disappointing results. At the present time, it just makes the results from drug treatment a little better.

## **What happens before the operation?**

We will give you a date to come to the pre-admission unit. Here you will have a health assessment with a nurse. This will determine whether there are any reasons why you should not have surgery.

During this health assessment we will:

- Check your suitability for anaesthetic.
- Give you information about the surgery and recovery process. It is important that you know what to do to help your recovery.
- Carry out investigations to ensure that you are fit and well to have the surgery.

A range of investigations will be carried out such as:

- A blood test, if you take certain medications.
- You may have an ECG – a heart trace test. This is nothing to be alarmed about, just a routine test to check your heart.
- Your blood pressure, pulse and weight will be recorded.
- You will be screened for MRSA – a nasal and groin swab will be taken to see if you have any evidence of infection.
- A finger prick test to check your blood glucose levels.

You will have the opportunity to ask any questions or discuss any problems you may have.

At this assessment, please tell us if:

- You are diabetic.
- You have a cold, cough or any type of infection.
- You take any medications and what these are. You may need to stop taking some of these for a short period of time before you have the operation.
- For women who are on the 'pill' or HRT, please tell your surgeon. We may discuss the option of stopping these four weeks before surgery. Another option may be to go ahead with the surgery, with or without additional measures to reduce the risks associated with the 'pill' and HRT. This will be discussed with you in more detail.

### **Eating and drinking before the operation**

We will give you instructions about when you need to stop eating and drinking before your operation.

Usually, you can eat normally until about six to 12 hours before the operation. After this, you will not be able to eat or drink anything until after your operation. This will let your stomach empty to make sure you are not sick during your operation.

## What if I become ill before my operation?

It is important that you tell us if you are not well enough to come in for the operation. Please ring the following number:

**Surgical Assessment Unit (SAU) on 01384 456111 ext. 3359, ext. 3949 or ext. 2699**

Also, please ring us if you have any type of infection such as:

- a chesty cough, cold or throat infection
- skin problems such as a rash, cut or skin infection, especially if it is on the area that is to be operated on
- diarrhoea and sickness in the last 48 hours

If you are not sure and want to ask about this, please ring for advice.

## What do I need to bring for my operation?

Please bring a dressing gown, slippers and any medication you are currently taking. About half of the patients having this operation will only be in hospital for the day but in case you need to stay overnight, please bring an overnight bag with nightwear, toiletries etc.

Please do not wear or bring any jewellery. However, you can wear your wedding ring.

Please do not wear any make up; or nail varnish or gel nails on your fingers or toes.

## Personal property

The Dudley Group NHS Foundation Trust and its staff cannot be held responsible for the personal property of patients or visitors.

You are advised not to bring valuable items with you. Where this is unavoidable, please note that the hospital cannot accept responsibility for your property unless it is handed to a staff member for safekeeping and an official receipt is obtained.

## **What happens when I come for my operation?**

You will need to go to the Admissions Lounge where all your notes and the results of your tests will be ready. You will then be taken to a ward.

The surgeon will see you first. They will check the results of your tests and explain the operation to you. If you are happy to go ahead with the operation, they will ask you to sign a consent form. If you are not clear about any part of the operation, ask for more details from the doctors or the nurses. They are never too busy to do this.

One or more anaesthetists who will be giving your anaesthetic will talk to you and examine you. They will be especially interested in any chest troubles, dental treatment and any previous anaesthetics you have had. Tell them about any anaesthetic problems in the family.

A nurse will check your blood pressure, temperature and pulse. They will talk through what will happen and check for your understanding of this. They will give you an approximate time for your operation.

Unfortunately, you may sometimes have to wait for a number of hours for your surgery. We do appreciate how difficult and inconvenient this might be and we try to minimise delays for all patients as much as possible.

The nurse will ask you to undress and put on a theatre gown shortly before your surgery. A nurse will take you to the operating theatre. A member of the theatre team will check your personal details with you. You will then be given the anaesthetic.

## **What happens after the operation?**

### **Coming round after the anaesthetic**

Although you will be conscious a minute or two after the operation ends, you are unlikely to remember anything until you are back in your bed on the ward.

Some patients feel a bit sick for up to twelve hours after operation but this passes. We will give you some treatment for sickness if necessary. You will have a plastic intravenous tube (a drip) in an arm vein to give you fluids and drugs. You may be given oxygen from a facemask for a few hours.

### **Recovering after a general anaesthetic**

The majority of patients recover very smoothly. You may be able to have a drink or a cup of tea once you are fully awake. After four to six hours, if you are feeling well, you may be able to eat a small amount of food.

You may be able to sit out and walk about on the same day. During surgery, we give local anaesthetic injections along the cuts in your skin so that you feel comfortable after surgery. We will also give you painkiller tablets.

It is important to make sure that you have passed water and empty your bladder a few hours after the procedure.

You will be able to go home when you are comfortable and have recovered from the anaesthetic. We will give you an adequate supply of painkillers to take home and a supply of dressings, if necessary.

With modern anaesthetics combined with safe techniques of surgery, usually we would expect a smooth recovery. At the moment, nearly 50 per cent of our patients having this operation are able to go home on the same day as surgery.

If we have to leave a drain in your wound, or have had to convert to open surgery during the procedure, you may have to stay a bit longer in the hospital, until we feel that you are safe to go home. This is usually about two to three days.

### **What happens when I go home?**

If you go home the same day as the operation, you will need to have someone to care for you for at least the first 24 hours.

You must not drive yourself home. You will not be able to go home on public transport on your own. Therefore, you will need to arrange for someone to collect you and take you home.

When you leave hospital, the nurse will give you a letter for your GP, a sick note if you need it and any medication that has been prescribed for you. We will also give you a separate information leaflet about how to care for yourself after your operation.

We will give you instructions on caring for your wound. You will need to keep your wound clean and dry. If you have any problems with your dressing, or any other queries, please contact:

**Surgical Assessment Unit (SAU) on 01384 456111 ext. 3359, ext. 3949 or ext. 2699**

### **Opening bowels**

It is quite normal for the bowels not to open for a day or so after the operation. If you have not opened your bowels after two days and you feel uncomfortable, take a mild laxative such as senna.

### **Living without a gallbladder**

You can live without a gallbladder as although it is useful, it is not essential. Your liver will still produce bile to help digest food.

However, some people who have had their gallbladder removed have symptoms of bloating and diarrhoea after eating certain foods, such as fatty or spicy food. If you find that certain foods do trigger symptoms, you may wish to avoid them in the future.

### **Driving**

Some insurance companies do not insure drivers for a number of weeks after surgery so it is best to check what your policy says before starting to drive.

You can start driving again when you can do an emergency stop without any discomfort. Do not drive if you have any pain that will distract you.

### **Getting back to normal**

Most people are back to normal within a week or two of leaving hospital after keyhole surgery, and can get back to work and do gentle exercise.

You can usually resume strenuous exercise or work after a month but your consultant will discuss this with you. Please note that recovery often takes longer after open surgery.

## Can I find out more?

You can find out more from the following weblinks:

### **NHS Choices**

<http://www.nhs.uk/Conditions/Laparoscopiccholecystectomy/Pages/introduction.aspx>

### **The Royal College of Anaesthetists**

<http://www.rcoa.ac.uk/document-store/you-and-your-anaesthetic>

If you have any questions, or if there is anything you do not understand about this leaflet, please contact:

**Surgical Assessment Unit (SAU) on 01384 456111 ext. 3359, ext. 3949 or ext. 2699**

Russells Hall Hospital switchboard number: 01384 456111

**This leaflet can be downloaded or printed from:**

<http://dudleygroup.nhs.uk/services-and-wards/general-surgery/>

If you have any feedback on this patient information leaflet, please email [patient.information@dgh.nhs.uk](mailto:patient.information@dgh.nhs.uk)

**This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.**

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