

Having a laparoscopic cholecystectomy as an inpatient – removing your gallbladder

This information sheet answers some of the questions you may have about having a laparoscopic cholecystectomy. If you have any questions or concerns, please do not hesitate to speak to your consultant or nurse.

What is a laparoscopic cholecystectomy?

This is the surgical removal of your gallbladder. Your gallbladder is a small sac that lies beneath your liver, below the right rib cage. It stores and concentrates bile, which is a greenish-brown liquid produced by your liver. The bile is then passed into your small intestine through bile ducts, to help with digestion, mainly of fats.

Your gallbladder is not an essential organ. If it is removed, bile flows to your intestines directly from your liver and digestion continues as normal.

Laparoscopic surgery is where several small incisions (cuts) are made, rather than one large one. It is also known as 'keyhole' surgery due to the small incisions. You may have four small cuts, 5-15mm in size. Once they have healed, there will be small scars. The scars will be pink at first and then gradually fade over the next few months.

Why should my gallbladder be removed?

Gallbladder removal is considered when you have gallstones that are causing pain or inflammation in your gallbladder. The surgery prevents you from having further attacks of pain or complications, such as jaundice (high levels of bilirubin, a pigment in bile, which causes yellow skin or eyes) or inflammation of your pancreas.

How is the surgery performed?

You will be given a general anaesthetic. General anaesthetic gives a state of controlled unconsciousness during which time you feel nothing. You will be asleep for the entire procedure. Drugs are injected through a thin plastic tube that is placed via a needle into a vein in the back of your hand or arm. A specially trained doctor called an anaesthetist will stay with you and monitor you during your surgery. You should receive the leaflet, **Having an anaesthetic**. If you do not, please ask us for one.

A laparoscope, which is a small thin tube with a camera on the tip of it, is used to see the inside of your body. It is inserted through an incision made near your navel (umbilicus). It transmits the inside view of your body to monitor screens in the operating room. Your surgeon will insert carbon dioxide gas into your abdomen through the laparoscope, to help get a clearer view of your gallbladder. Several other incisions are made in the right upper part of your abdomen. Your surgeon can then perform the operation with tools inserted into these small cuts and will remove your gallbladder through one of these cuts.

The surgery normally takes about 45 to 60 minutes.

Giving my consent (permission)

We want to involve you in decisions about your care and treatment. If you decide to go ahead, you will be asked to sign a consent form. This states that you agree to have the operation and you understand what it involves. If you would like more information about our consent process, please speak to a member of staff caring for you.

What are the benefits of this surgery?

The benefits of having your gallbladder removed by the laparoscopic method include:

- less pain after surgery
- shorter hospital stay
- earlier return to full activity and work
- less visible abdominal scars.

Are there any alternative treatments?

Open cholecystectomy, where a large incision is made, is still performed in some acute cases. It is also needed in five percent of laparoscopic cases if there is unexpected inflammation and scar tissue. Your doctor can give you more information about this.

In very occasional cases, your gallstones may be suitable for treatment with medicines that allow your stones to dissolve. Your doctor will explain this if it applies to you.

What are the risks of having a laparoscopic cholecystectomy?

There are risks associated with any surgery. Your doctor will explain the risks of this surgery to you before asking you to sign the consent form. Please ask questions if you are uncertain.

Possible risks and complications from a laparoscopic cholecystectomy include:

- bleeding
- infection
- the need for an open operation (not keyhole) – this may increase your stay in hospital
- injury to the bile duct or leakage of bile from the bile ducts, which could need further surgery
- injury to your abdominal (stomach) organs
- numb patches in the skin around your wound – this is usually short-term (two to three months)
- deep vein thrombosis (DVT – a blood clot in the large veins in the legs) – you will be asked to wear elastic stockings before and after your operation to help prevent this
- complications or side effects from the general anaesthetic, such as a chest infection – more information about this is provided in the **Having an anaesthetic** leaflet.

Before the operation

You will usually come to hospital on the same day as your surgery or occasionally the day before. However, you will usually need to attend the hospital about two weeks before your surgery to have blood tests, X-rays or a heart tracing (electrocardiogram or ECG).

This is when a member of the surgical team will answer any questions you may still have about your operation. When you are admitted to hospital, you will be asked to confirm that you still wish to have the operation.

If you smoke, please stop smoking for at least 24 hours before your operation to reduce the risk of chest problems under the anaesthetic. Smoking can also delay wound healing because it reduces the amount of oxygen that goes to the tissues. For information on giving up smoking, please speak to your nurse or call the NHS Smokefree National Helpline on **t: 0300 123 1044**.

Will I feel any pain?

You will be asleep during the surgery, so will not feel anything during this time.

You should expect some discomfort after the operation but we will give you pain relief for this.

You might have pain in one or both shoulders. This is caused by irritation to your diaphragm (muscle that separates your chest and abdomen) by the carbon dioxide gas used during surgery. The pain can be relieved by:

- lying on your left side with your right knee and thigh pulled up towards your chest
- walking – to help your body reabsorb the gas
- using a heating pad on your shoulder for 10-15 minutes, two or three times a day
- taking pain relief as prescribed.

You may also feel some discomfort around the incision sites. This should also be more comfortable after taking pain relief.

It is important that you take your painkillers on a regular basis for the first few days. When taken regularly the medicine is kept at a constant level in your body, so it will control your pain better. After a few days, you can gradually reduce your medicine until you do not need it any longer. Please contact the hospital or your GP if you find the pain difficult to control.

It is important that you do not exceed the recommended daily dose of any medication you take. Please make sure you read the label and the patient information leaflet inside the box.

What happens to my gallbladder?

The gallbladder will be sent to the pathologist for examination. Your doctor will receive a full report from the pathologist after one to two weeks. If there are any further issues that need to be addressed your doctor will write to you, otherwise you will not need any further follow up at the hospital.

How long will I be in hospital?

Many patients will go home on the same day as their surgery but some may need to stay overnight.

How will I get home?

Please try to make your own travel arrangements home. If this is not possible, please speak to your nurse. You might qualify for our patient transport service.

How long before I am back to my normal activities?

The anaesthetic will take 24 to 48 hours to wear off. However, you do not need to stay in bed during this time. Gently moving around will help to get rid of any gas trapped in your abdomen and help to prevent blood clots from forming in your legs.

We encourage you to take up all the activities you enjoyed before the operation. Most people return to work within one to two weeks. Please avoid:

- vigorous exercise, such as running and aerobics, for 10 to 15 days – gently build up your exercise as you feel able (light jogging is fine after seven days if you feel able, especially if you regularly jogged before your operation)
- climbing a long flight of stairs for 24 to 36 hours after the procedure – or until you feel able to do so.

When can I have a bath or shower?

You will have some plastic dressings on your wound. These will fall off after about 10 days. You can wash your body, but please make sure you keep your wounds completely dry for the first 48 hours after your surgery. If possible, avoid having a bath or swimming within the first week, as soaking your wounds in water increases the likelihood of infection. If you have a shower within this time, please avoid standing with the water spraying directly on your wounds.

After the first week, you can have a bath or shower as normal, but please keep your wounds clean and dry at all other times. Pat the wounds gently when drying. Avoid using creams or ointments on your wounds until they have fully healed – this will prevent any delay in your wound healing.

Can I eat and drink as normal after the surgery?

You may find small, frequent meals easier in the first few days after your surgery. Increase your intake of foods at your own pace. While you do not need to keep to a specific diet after your gallbladder removal, some people find that they do not tolerate fatty foods as well. It is always best to have a well balanced diet. Please speak to your GP if you need advice on healthy eating.

What if I have a problem at home?

Please contact the hospital ward if you need advice or have:

- excessive pain – especially if you also have nausea and vomiting and your abdomen feels larger
- persistent bleeding from your wounds
- a high temperature (38°C/100°F or above)
- difficulty passing urine
- redness, inflammation and pain at the wound site
- a large amount of swelling around the wound
- an abnormal colour at or around your wound site
- pus coming from your wound
- yellow skin or eyes (jaundice).

If you think it is an emergency, please go straight to your nearest emergency department (A&E).

Will I have a follow-up appointment?

Patients having a laparoscopic cholecystectomy are not routinely seen in clinic after their surgery.

Contact us

Please do not hesitate to call us if you have any questions about gallstones or your treatment for gallstones:

clinical nurse specialists, **t:** 020 7188 2673

secretary for Mr Atkinson, **t:** 020 7188 2578

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit **w:** www.guysandstthomas.nhs.uk/leaflets

Pharmacy Medicines Helpline

If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline. **t:** 020 7188 8748, Monday to Friday, 9am-5pm

Your comments and concerns

For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS). To make a complaint, contact the complaints department.

t: 020 7188 8801 (PALS) **e:** pals@gstt.nhs.uk

t: 020 7188 3514 (complaints) **e:** complaints2@gstt.nhs.uk

Language and accessible support services

If you need an interpreter or information about your care in a different language or format, please get in touch. **t:** 020 7188 8815 **e:** languagesupport@gstt.nhs.uk

NHS 111

Offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day. **t:** 111

NHS website

Online information and guidance on all aspects of health and healthcare, to help you take control of your health and wellbeing. **w:** www.nhs.uk

Get involved and have your say: become a member of the Trust

Members of Guy's and St Thomas' NHS Foundation Trust contribute to the organisation on a voluntary basis. We count on them for feedback, local knowledge and support. Membership is free and it is up to you how much you get involved. To find out more, please get in touch.

t: 0800 731 0319 **e:** members@gstt.nhs.uk **w:** www.guysandstthomas.nhs.uk/membership

Was this leaflet useful?

We want to make sure the information you receive is helpful to you. If you have any comments about this leaflet, we would be happy to hear from you, fill in our simple online form, **w:** www.guysandstthomas.nhs.uk/leaflets, or **e:** patientinformationteam@gstt.nhs.uk

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