Patient Information

General Surgery

Cholecystectomy (Removal of the Gall Bladder)

About Gall Bladder & Gall stones:
- The gallbladder is a small, pouch-like organ under the liver.
- It stores bile, produced by the liver that helps with digestion of fatty foods.
- An imbalance in bile, mainly cholesterol, leads to gall stone formation.
- Most gall stones are asymptomatic and are found incidentally.
- Symptomatic gall stones need cholecystectomy.
- You can do without a gallbladder.

When does the gall bladder need to be removed?
Cholecystectomy is recommended, when gall stones become symptomatic, i.e. cause:
- Pain- Biliary Colic
- Infection- Acute cholecystitis
- Blockage of bile flow- obstructive jaundice
- Blockage of the pancreatic duct- Pancreatitis
- Blockage of bowel

What if I don’t have a gall bladder?
You can lead a perfectly normal life without a gallbladder. Your liver will still make bile to digest your food; however, instead of being stored in the gallbladder, it drips continuously into your bowels. Some people experience some indigestion, which usually is temporary and gets better with dietary adjustments.
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**What happens before surgery?**

What happens during the surgery?

You will be given general anaesthesia (put to sleep). The operation is either done elective (planned) or emergency. The average duration of the procedure is 60 minutes.

There are two ways of removing the gallbladder:
- Laparoscopic (keyhole) cholecystectomy
- Open cholecystectomy

Keyhole surgery is the preferred technique because you can leave hospital sooner, recover faster and are left with smaller scars than with an open procedure.

An open procedure is needed when:
- It is unsafe to do keyhole, due to a lot of scar tissue from previous surgery on your tummy.
- You are medically unfit to have the stress of the gas put into the belly, for the keyhole operation.
- Keyhole procedure is converted into an open one if the anatomy is unclear / abnormal, in the best interest of patient safety.

**Side effects after the operation**

You could experience some temporary side effects while you recover, including:
- Swollen, bruised and painful wounds – this should start to improve within a few days; regular painkillers such as paracetamol may help reduce the discomfort
- Feeling sick – you may feel sick as a result of the anaesthetic or painkillers you’ve been given, but this should pass quickly
- Pain in your tummy and shoulders – this is a result of the gas used to inflate your tummy and should pass after a couple of days; painkillers can be taken to relieve the discomfort
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- bloating, flatulence and diarrhoea – this can last a few weeks; eating high-fibre food such as fruit, vegetables, brown rice and wholemeal bread can help to firm up your stools, and your GP may also be able to prescribe medication to help

These side effects are completely normal and not usually a cause for concern. You only need to contact your GP, the hospital or NHS 111 for advice if they’re particularly severe or persistent.

What happens after the surgery?

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Risks of gallbladder removal surgery

Gallbladder removal surgery is considered to be a safe procedure, but like any type of surgery there is a risk of complications. Possible complications include:

- Wound infection
- Bleeding
- Bile leak into the tummy
- Damage to the bile pipes (ducts) carrying bile out of the liver (1 in 500)
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- Injury to the bowel and blood vessels (1 in 1000)
- Retained stones in the bile pipe - in which case you will need a further procedure to remove them endoscopically (ERCP).
- Deep vein thrombosis (DVT) - Some people are more prone for clot formation. Initially the clots form in the legs (DVT) and then could travel into the lungs to cause breathing difficulty (Pulmonary embolism). Special compression stockings and injections are used to reduce this risk.
- Post-cholecystectomy syndrome- Some people experience symptoms of tummy pain, indigestion and diarrhoea. In most cases symptoms are mild and short-lived, but they can persist for many months. If you do have persistent symptoms, you should contact your GP for advice.

When to get medical advice?
Contact your GP, the hospital or NHS 111 for advice if you experience:
- return of your original symptoms
- severe, excessive or increasing pain
- high temperature (fever) of 38C (100.4F) or above
- persistently feeling sick and/or vomiting
- increasing swelling, redness or discharge from a wound
- yellowing of the skin and whites of your eyes (jaundice)
- dark urine and pale stools

The Trust has access to interpreting and translation services. If you need this Information in another language or format please contact 02476966168 or jenny.abraham@uhcw.nhs.uk and we will do our best to meet your needs.

The Trust operates a smoke free policy
Summary of your consent

Your consent for laparoscopic cholecystectomy (Key-hole operation to remove the gall bladder) states that you have chosen surgery for the treatment of gall stones, having been informed about the diagnosis and the options of surgery and non-operative interventions.

Your choice of the operation is in consideration of the benefits and risks of the procedure. The benefit is to relieve symptoms and prevent future complication of gall stones. The possible complications could be as follows:

- Wound infection
- Bleeding
- Bile leak into the tummy
- Damage to the bile pipes/ducts (1in500)
- Injury to the bowel and blood vessels (1in1000)
- Retained stones in the bile pipe- in which case you will need a further procedure to remove them endoscopically (ERCP).
- Port-site hernia (belly button)
- Clot formation in the legs (DVT) & lodging in the lungs (Pulmonary embolism). Compression stockings & injections are used to reduce this risk.
- Post-cholecystectomy syndrome- (tummy pain, indigestion, diarrhea) usually mild and short-lived, but could persist for many months.

I understand that there could be small chance of having a blood transfusion.

The choice of the anaesthetic and its implications would be discussed with the Anesthesiologist.

On the day of the procedure, we will reconfirm that your consent and the circumstances to the consent have remained the same. If any changes, please do let us know.