

## General Surgery

# Cholecystectomy (removal of the gallbladder)

### About gallbladder & gallstones:

- The gallbladder is a small pouch that sits under the liver.
- It stores bile, produced by the liver, which helps with the digestion of fatty foods.
- An imbalance in bile, mainly cholesterol, leads to the formation of gallstones.
- Most gallstones are asymptomatic and are found incidentally.
- Gallstones that cause pain and infections are typically treated by removing the gall bladder (cholecystectomy).
- You can live normally without a gallbladder.

### When does the gallbladder need to be removed?

A cholecystectomy is recommended when gallstones become troublesome and cause:

- Pain - Biliary colic
- Infection in the gall bladder - Acute cholecystitis
- Blockage of bile flow out of the gallbladder - Obstructive jaundice
- Blockage of the pancreatic duct - Pancreatitis
- Blockage of bowel



### What if you don't have a gall bladder?

You can lead a perfectly normal life without a gallbladder. Your liver will still make bile to help digest your food. However, instead of being stored in the gallbladder, bile will continuously drip into your bowels.

Some people may experience mild indigestion, which is usually temporary and gets better by eating a low-fat diet.

### 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 about 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 surgery 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.

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- The keyhole procedure is converted into an open one if the anatomy is unclear or abnormal, in the best interest of patient safety.

### Side effects after the operation

You may 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 discomfort.
- Feeling sick – You may feel sick from the anaesthetic or painkillers you've been given, but this should pass quickly.
- Pain in your tummy and shoulders – This is from the gas used to inflate your tummy (abdomen) and should pass after a couple of days. Painkillers can be taken to relieve the discomfort.
- Bloating, flatulence and diarrhoea – These can last a few weeks. Eating high-fibre foods such as fruit, vegetables, brown rice and wholemeal bread can help firm up your stools. Your GP may also be able to prescribe medication to help.

These side effects are completely normal and usually not cause for concern. Contact your GP, the hospital or NHS 111 for advice if they become particularly severe or persistent.

### What happens after the surgery?

Recovery time	
<b>Keyhole surgery:</b>	Hospital stay: 0-1 day Return to normal activities: 2 weeks
<b>Open surgery:</b>	Hospital stay: 3 to 4 days Return to normal activities: 6 to 8 weeks
<b>Diet:</b>	The low-fat diet, as prescribed before surgery, should be converted into a healthier, balanced diet.
<b>Activity:</b>	Return to light work by 2 weeks and avoid strenuous

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	activities for 6 weeks. Walking is good exercise during this recovery phase.
<b>Wound care:</b>	Mostly, dissolvable stitches are used, which start to disappear by themselves within a week or 2. If non-dissolvable stitches are used, you'll usually need to have them removed by a nurse at your GP surgery after 7 to 10 days. You'll receive instructions on how to care for your wound and stitches, including how long any dressings need to stay on, when they should be replaced and when you can start having showers or baths.
<b>Driving:</b>	After 2 weeks, you can wear the seatbelt and perform an emergency stop without feeling any discomfort.
<b>Return to work:</b>	Usually, 2 weeks after keyhole surgery and up to 8 weeks after open surgery. Jobs involving a lot of strenuous activity may require up to 8 weeks off.
<b>Sex:</b>	Resume after 2 weeks as soon as you feel up to it, but avoid any strain on your wounds

## Risks of gallbladder removal surgery

Gallbladder removal surgery is generally 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), around 1 in 500
- Injury to the bowel and blood vessels, around 1 in 1000
- Retained stones in the bile pipe - In this case, you will need a further procedure to remove them endoscopic retrograde cholangiopancreatography (ERCP).
- Deep vein thrombosis (DVT) - Some people are more prone to clot formation. Initially the clots form in the legs (DVT) and then can travel into the lungs, causing breathing difficulties (Pulmonary embolism).

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Special compression stockings and injections are used to reduce this risk.

- Post-cholecystectomy syndrome - Some people experience symptoms such as tummy pain, indigestion and diarrhoea. In most cases symptoms are mild and short-lived, but they can persist for many months. If you have persistent symptoms, you should contact your GP for advice.
- Port-site hernia which is a small bulge at the site of the cut.

## When to get medical advice?

Contact your GP, the hospital or NHS 111 if you experience:

- return of your original symptoms
- severe, excessive or increasing pain
- a high temperature (fever) of 38°C (100.4°F) 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

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