Laparoscopic Cholecystectomy
An information guide
Laparoscopic Cholecystectomy

What are gallstones?
The gallbladder is a pear shaped organ, attached to the underside of the liver in the upper right side of the abdomen. It stores the bile, which is produced in the liver and released through the common bile duct, to aid the digestion of fatty foods.

Gallstones form when certain chemicals in the bile solidify. Gallstones are very common and do not always cause problems, but if they block the exit from the gallbladder they can result in severe pain, nausea and vomiting and local inflammation. Occasionally stones pass into the bile duct where they can cause jaundice and sometimes acute pancreatitis, both of which can be life-threatening. Avoiding jaundice and pancreatitis is the most important aim of gallstone treatment.

What is a laparoscopic cholecystectomy?
Before the 1990’s the gallbladder was almost always removed through an incision several inches long. Laparoscopic surgery allows the same procedure to be carried out using a number of smaller incisions, causing you less discomfort after surgery, which therefore allows a faster return to normal activities. A telescope is inserted through the main incision at the umbilicus (tummy button), which usually gives a very good view of the gallbladder.

An x-ray is sometimes taken during the operation to identify whether any stones have entered the bile duct. If so, they can be removed during the operation or by a separate endoscopic procedure which is performed after recovery from the cholecystectomy. After securing the duct and blood vessel which connect the gallbladder to the bile duct and the main artery to the
liver, the gallbladder is freed from the liver. It is then removed from the abdomen through the largest of the incisions.

Are there any alternatives to surgery?
Once formed, gallstones do not disappear spontaneously and treatments to dissolve them are ineffective. Bile duct stones can be treated by an endoscopic procedure, but only surgical removal of the gallbladder is effective for stones in the gallbladder itself. Removal of the gallbladder does not cause any postoperative digestive problems.

After cholecystectomy
You can expect to have an IV infusion in place from theatre. This should be removed once you start drinking. On some occasions it may be necessary to stay longer than a day case patient and stay overnight in hospital.
Wound care

The surgical incisions are sometimes closed with metal clips which are easily removed after around 10 days. Alternatively, dissolvable stiches may be used. Small dressings applied over the clips can be replaced if they fall off, or become loose after bathing or showering. It is best not to soak the wounds for too long in the first few days after surgery. If dressings are in place following surgery extra dressings will be supplied on discharge.

Drains

A small plastic tube is sometimes left in the space where the gallbladder was, in order to drain away any fluid from the operation site. Occasionally some bile may leak from small ducts close to the gallbladder and the drain can prevent accumulation of bile, allowing healing to occur. In most cases the drain is removed before discharge from the hospital. If you have had the procedure done as a day case, then the drain should be removed within three hours.

Will it hurt?

Some pain or discomfort is to be expected following any type of surgery. You may be given painkillers while on the unit and some to take home. You may experience some shoulder tip pain, caused by trapped gas from the operation. This will gradually diminish by sucking strong peppermints. You may also find gently walking around helps to relieve the discomfort.

Diet

You will be allowed fluids immediately after surgery and food once you are able to tolerate it.
Nausea/vomiting after surgery
You may feel sickly but this should not stop you from eating and drinking.

Exercise
You will be encouraged to get out of bed soon after surgery and to mobilise as soon as possible.

Driving
Do not drive for 24 – 48 hours following your anaesthetic. After this time you may drive when it feels completely comfortable for you to do so and you are able to perform an emergency stop comfortably.

Work
It is advisable to have at least 1- 2 weeks off work. You may return to work when you can perform your job comfortably and safely. The staff can provide you with a doctor’s certificate to cover time off work if required.

Day case patients
If you have had this procedure done on the day surgery unit then you can expect your stay to be at least 4-6 hours. To provide privacy and dignity to all patients, relatives/carers are not allowed in the recovery area.
You will need to have a responsible adult with you for the first 24 hours after your surgery.
Further appointments

Wound clips are usually removed by a district nurse or you may attend your GP’s surgery. Arrangements for this will be made before you go home. There is usually no need for you to come back to the hospital after gallbladder surgery, unless other procedures are required for stones in the bile duct.

Potential complications

All intra-abdominal operations should be regarded as major surgery and carry some risk. The main specific complications of cholecystectomy are injury to the bile ducts, blood vessels and bowel immediately adjacent to the gallbladder. These injuries are rare, but can require further major procedures for their correction. If the gallbladder is very inflamed, it may be safest to convert the laparoscopic operation to an ‘open’ cholecystectomy through a larger incision. This requires a longer postoperative stay and a slower return to full activity, but still gives excellent long term results.

For further information about the evidence used in the production of this leaflet please visit www.pat.nhs.uk
If English is not your first language and you need help, please contact the Ethnic Health Team on 0161 627 8770

For general enquiries please contact the Patient Advice and Liaison Service (PALS) on 0161 604 5897

For enquiries regarding clinic appointments, clinical care and treatment please contact 0161 624 0420 and the Switchboard Operator will put you through to the correct department / service

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