

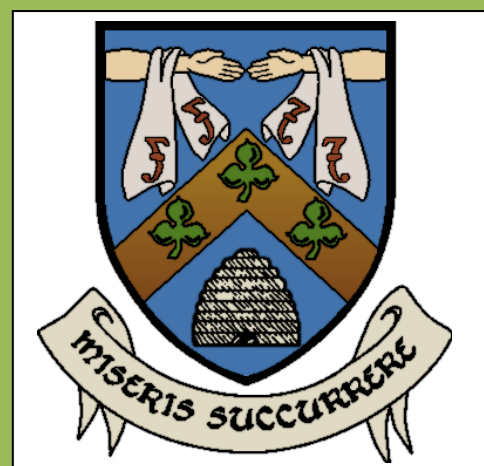
LAPAROSCOPIC CHOLECYSTECTOMY



This leaflet is produced by the Department of Colorectal Surgery at Beaumont Hospital supported by an unrestricted grant to *better Beaumont* from the Beaumont Hospital Cancer Research and Development Trust.

This information leaflet has been designed to give you general guidelines and advice regarding your surgery. Not all of this information may be relevant to your circumstances. Please discuss any queries with your doctor or nurse.

YOUR OPERATION EXPLAINED



Introduction

This leaflet has been designed to help you understand what to expect when you are having a Laparoscopic Cholecystectomy which is the surgical removal of the gallbladder.

What is the gallbladder?

The gallbladder is small pear sized organ that stores bile, which is produced by the liver. Bile is necessary for the digestion of fatty foods. Bile is released from the gallbladder via the bile duct (which is a narrow tube) into the small intestine after eating which aids digestion. As the bile is produced in the liver, after the removal of your gallbladder you are able to continue to digest fatty foods.

What are gallstones?

Gallstones are small hard 'stones' or lumps which consist of bile salts and cholesterol that form in the gallbladder or bile duct. It is uncertain why some people form gallstones. There is no known means to prevent gallstones although they can be associated with excessive weight.

What problems can gallstones cause?

Gallstones can often cause no problems, however they can sometimes cause:

Pain

Gallstones may block the flow of bile out of the gallbladder, causing it to swell resulting in sharp abdominal pain. The pain (biliary colic) can last minutes to hours and can sometimes resolve spontaneously. If inflammation of the gallbladder occurs (cholecystitis) the pain may last longer and you may need antibiotics.

Jaundice

If a stone moves into the bile duct it can block the flow of bile into the bowel resulting in jaundice which is a yellowing of the skin. If this occurs your urine may become darker, faeces lighter and your skin may itch.

Pancreatitis

Gallstones may block the bile duct resulting in irritation of the pancreas causing inflammation.

How are gallstones treated?

A low fat diet may help reduce the pain associated with gallstones although the best method to relieve the symptoms of gallstones is to surgically remove the gallbladder. This operation is known as a laparoscopic cholecystectomy. This operation can usually be performed laparoscopically (keyhole surgery) and as a day case procedure which means you will come in the morning of your surgery and may be discharged home later that day.

What are the possible risks or complications?

As with any surgery there are risks involved which include:

Shoulder pain

You may experience some shoulder pain following this operation. It is common after keyhole surgery and is due to the gas used to inflate the inside of the abdomen during the operation. It will usually resolve after a few days.

Infection:

After your operation there is an increased risk of infection

- **Chest infection**

Following surgery and an anaesthetic it can be difficult to clear secretions from your lungs which can increase the risk of infection. Deep breathing exercises will reduce this risk. If you smoke we strongly advise you to stop, prior to your hospital admission, ideally as soon as your surgery has been discussed.

- **Wound infection**

There is a risk following surgery that your wound could become infected. Wound infections might cause localised pain, redness and a discharge of fluid. Antibiotics can be given to treat an infection. You may require regular dressings to your wound.

Blood clot (thrombosis):

There is a risk following any surgery of developing a deep vein thrombosis, a blood clot in the leg or a pulmonary embolism, a clot in the lung. To help prevent this you may receive an injection of a blood thinning agent and be asked to wear support stockings. You should stay as active as possible and drink plenty of fluids as tolerated to prevent dehydration.

Bile leak:

Injury to the bile duct during surgery may lead to a bile leak into the abdomen. This may settle spontaneously or may require further surgery.

Retained stone:

Occasionally a gallstone can move into the bile duct during surgery. This may cause no problem and move spontaneously into the bowel however if it does not pass a second procedure may be necessary.

Need for an open operation:

Occasionally it is not possible to complete this operation by laparoscopic (keyhole) method and a bigger incision (cut) is necessary. This is known as an open cholecystectomy. It is a bigger procedure and will mean a longer hospital stay, approximately – days. This operation will also require a longer recovery time.

If you are concerned regarding any of these possible risks or have any further questions please speak with your doctor.

How do you prepare for surgery?

You will have a discussion with your doctor regarding your surgery. The operation will be fully explained to you. You may attend the day ward for pre-assessment prior to coming into hospital for your operation. A number of tests may be performed to ensure you are medically fit for an operation eg. Blood tests, chest x-ray, ECG (tracing of your heart). You will be admitted to the hospital on the day of your operation, where you will meet a doctor and a nurse who will prepare you for theatre. From there you will be brought to theatre, where you will meet the theatre staff and your anaesthetist. Please leave all valuables at home and arrange to have anything you need brought to you later in the day. Once you have recovered from the anaesthetic and have tolerated diet you should be able to leave the hospital on the same day or the following day.

What happens after surgery?

Immediately after your operation you will be brought into a recovery room attached to the theatre. You will be monitored closely by the nursing staff until you are ready to be brought to the ward. On return to the ward you may feel quite sleepy following the anaesthetic. The nurses on the ward will help you feel comfortable and regularly check on you.

You will have a small plastic tube (cannula) in one of the veins of your arm to give you fluids. This will be removed once you are drinking enough oral fluids. You may experience some nausea (sickness) or potentially vomit. This can be caused by the anaesthetic agents or drugs used in the operation. You will be given some anti-sickness medicine if needed.

You may experience some pain or discomfort from the small cuts in the skin following this operation. This is usually well controlled with painkillers. You will be advised to take regular painkillers for the

first few days following your operation to aid your recovery. You may be given a prescription for painkillers on discharge from hospital.

You may eat and drink as soon as you like after your operation. Once you are tolerating oral fluids and diet and you have passed urine you may be fit for discharge home, usually on the evening of surgery or the following morning. You will need to be accompanied home and be in the care of a responsible adult for 24 hours following your anaesthetic. You may feel tired following keyhole surgery for a day or two, full recovery takes approximately 2 weeks. Following open surgery recovery can be up to 4 weeks.

The four small wounds (cuts) are usually glued or covered with paper stitches. You will usually have a waterproof dressing covering these as the cuts need to be kept dry for approximately one week.

Most people return to work within seven days following laparoscopic surgery depending on the nature of your job. If you have an administrative or desk job, a few days are usually enough, while if you are involved in manual labour or heavy lifting, you may require more time. Patients who have undergone the open procedure usually resume normal activities in four to six weeks.

Will I have a follow-up appointment?

The team will give you instructions about the follow up arrangements.

What if I have a problem at home?

Contact your GP

or

Contact the Dayward ph. 8092826/ 8092984 (Mon/Fri 8am-6pm)

After hours, ring 8093000

Ask for a member of your team or the General Surgical SHO on call.

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