

# Laparoscopic Cholecystectomy

## Information for patients

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This leaflet will help to inform you about your operation, its potential risks and what to expect afterwards. If you have any questions, you might find it helpful to write them down and ask your surgeon on the day of surgery.

### **What should I do to prepare for my operation?**

You should aim to take regular exercise such as walking, swimming or cycling, depending on what suits your fitness levels. If your stomach is sore then this may not be possible. However, you should try and exercise regularly if you are able.

Try to eat healthily - if you are overweight, we recommend that you try to lose weight.

You should try to stop smoking and to keep your alcohol intake within the recommended limits (14 units per week for men and women)

Continue to take your usual medication unless your doctor tells you not to. Please also take your usual medication on the day of your surgery unless otherwise instructed.

Avoid any food or drink that brings on your pain. It is useful to have a supply of painkillers and anti-spasm medication, such as Buscopan, in the house or with you to take at the start of a pain attack. Warning symptoms that may require admission to hospital include severe pain, prolonged pain or jaundice (yellow colour to skin and eyes).

### **About the procedure**

The laparoscopic cholecystectomy operation is the complete removal of the gallbladder using small cuts, or incisions, in the abdomen (stomach area or tummy), rather than one big incision. "Cholecystectomy" is the surgical removal of the gallbladder and "laparoscopic" means the type of instruments and the method used for the operation. You may have heard of the laparoscopic method being called 'keyhole surgery' or 'minimally invasive surgery'. The operation involves making 4 (or rarely 5) small incisions in the abdomen. The operation can take between 30 minutes and a few hours, depending on how swollen or inflamed your gallbladder is.

During the operation, x-rays may be taken to look for gallstones in the bile ducts (this is the tube which connects the liver and gallbladder to the intestine). A small plastic wound drain is often placed in the abdomen after surgery for 24 hours after your operation to empty off any gas or fluid.

### **Converting to open surgery**

In some cases, the surgeon might have to change from the 'laparoscopic' method to the 'open' method. This procedure (cholecystectomy) is the same but you will have a bigger incision/scar. This could happen for a number of reasons, for example: bleeding, if your gallbladder is very swollen, or if there are stones in your bile duct. This conversion to open surgery will be done under the same anaesthetic. However, the time spent in hospital and the recovery is longer with the open method. The risk of conversion is 5% or 1 in 20 patients.

## How long will I stay in hospital?

If there are no complications with your laparoscopic surgery, you will be able to return home later the same day or the following day.

## The benefits of surgery

The aim of surgery is to remove your gallbladder, and thus stop you getting further symptoms related to your gallbladder. The decision about surgery is a balance of the benefits against the risks. While there are risks to surgery, and these are discussed next, there are also risks to not removing your gallbladder. Gallstones can cause infections in the gallbladder or bile ducts, and also inflammation of the pancreas (acute pancreatitis). These conditions in some people can be life threatening.

## The risks of surgery

Although the likelihood of serious complications is very low, all operations have potential risks, either from the operation itself or the anaesthetic. Special measures are taken to minimise these risks.

### The most common risks include:

- Bleeding. If you take aspirin regularly, please tell your surgeon. Depending on the reason for you taking aspirin, you may be asked to stop taking it a week before your surgery
- Infection:
  - of the wounds, which can delay healing
  - of the lungs (pneumonia)
- Blood clots, (called thrombi) forming in the leg veins
- Leakage of bile into the abdomen, which may require further surgery.

### Rare risks and complications include:

- Injury to the main bile duct which may require major reconstructive surgery and a prolonged hospital stay (including the rare incidence of death)
- Complications related to the general anaesthetic (including the rare incidence of heart attack or death)
- Gas embolism or pulmonary embolism due to gas entering the blood stream or blood clots travelling to the lungs (including the rare incidence of death)
- Development of a Hernia at the site of the incisions
- Injury to other abdominal organs from the laparoscopic insertion of instruments.

## Discharge

You will be seen by members of the surgical team before your discharge. You will also be given a supply of painkillers. You should take these regularly for the first few days and then as often as you need if you still have pain that is bothering you.

The effects of anaesthetic drugs can remain in the body for longer than most people think. You may feel drowsy and your reaction times will be slower. For 24 hours after your anaesthetic you should not:

- Drive a vehicle or ride a bike
- Operate machinery including kitchen equipment
- Drink alcohol
- Climb ladders or work at heights
- Make important decisions or sign legal documents
- Be left alone.

## **What happens after I have been discharged from hospital?**

### **Medication**

Continue your usual medications unless otherwise instructed. Take painkillers as instructed.

### **Wound**

Your wound will usually be closed by dissolvable stitches which do not need to be removed and your dressings will usually stay on for a few days. There is no special care required for your wounds - you can shower and bathe as normal after 24 hours.

It is normal to have some purple bruising around the cut which spreads downwards. This will fade to yellow after several days. If you notice your wound becoming red, swollen or tender, if it bleeds or oozes or produces fluid which is more than just a small spot on the dressing, you should consult your GP or the ward.

### **Discomfort/Pain**

It is unusual to experience any severe or increasing pain after discharge. Sometimes you may experience some pain in the tip of your shoulder as well as in your abdomen. If the pain is severe, you should consult your GP or the ward.

### **Diet**

There are no restrictions to the foods you can eat following gallbladder surgery. For the first few days following surgery, you should eat light, easily digested foods and avoid fizzy drinks.

### **Activity**

You will feel slightly tired following your surgery but you will find that this will improve over the next 3-5 days. You should start- regular, gentle activities, and gradually return to your normal activity when you feel able. Generally, you should be guided by how you feel, but you should be able to return to most normal activities in about 2 weeks.

### **Driving**

You can drive as soon as you can make an emergency stop without discomfort, usually within 1 week. Practice this before driving.

### **Return to work**

There is no restriction on when you can return to work. Usually you should return to work within a week or so. You should be able to return to light duties within 7 days, and most usual work activities within 2 weeks. If you are involved in heavy manual work, then it is best to wait for 3 weeks before you resume full activities

## Problems after discharge

Complications are unusual but if you think that something may be wrong, or if you experience any problems, or have any other concerns you should contact the Day Surgery Unit on **0131 242 3166**. Alternatively, please contact your GP.

You should only go directly to an Accident and Emergency Department in the event of an emergency.

## Cancellation

While we make every effort to avoid this where possible, there is always a risk that your operation may be cancelled at short notice. This is due to either emergency patients who require urgent surgery or other reasons which are beyond our control. We realise that this can cause distress and inconvenience, but in the event that your surgery is postponed, you will be offered a new date as soon as possible.

## Keeping your Appointment

If you cannot keep your appointment, or have been given one that is unsuitable, please change it by phoning the number on your appointment letter. Your call will give someone else the chance to be seen and will help us keep waiting times to a minimum.

## Public Transport and Travel Information

Bus details available from:

Lothian Buses on **0131 555 6363** or [www.lothianbuses.co.uk](http://www.lothianbuses.co.uk)

Traveline Scotland on **08712002233** or [www.travelinescotland.com](http://www.travelinescotland.com)

Train details available from:

National Rail Enquiries on **03457 484 950** or [www.nationalrail.co.uk](http://www.nationalrail.co.uk)

## Patient Transport

Patient Transport will only be made available if you have a medical/clinical need. Telephone **0300 123 1236** \*calls charged at local rate up to 28 days in advance to book, making sure you have your CHI Number available. Hearing or speech impaired? Use text relay: **18001-0300 123 1236\*** (calls charged at local rate). To cancel patient transport, telephone: 0800 389 1333 (Freephone 24 hour answer service).

## Interpretation and Translation

Your GP will inform us of any interpreting requirements you have before you come to hospital and we will provide an appropriate interpreter. If you are having this procedure as an existing in patient, staff will arrange interpreting support for you in advance of this procedure. This leaflet may be made available in a larger print, Braille or your community language.