Laparoscopic Cholecystectomy

Information for patients

This leaflet can be made available in other formats including large print, CD and Braille and in languages other than English, upon request.

This leaflet tells you about Laparoscopic Cholecystectomy

What is a laparoscopic cholecystectomy?

A laparoscopic cholecystectomy is an operation to remove your gallbladder.

The operation is carried out through a laparoscope (viewing instrument), which is inserted into your abdomen (tummy). This is also known as keyhole surgery. This means your recovery will be quicker.

Your operation will be performed under a general anaesthetic (a state of carefully controlled and supervised unconsciousness (deep sleep) that means you are unable to feel any pain.

What does the gallbladder do?

The liver produces bile (a yellow / green fluid) and the gallbladder stores it. Bile helps digest the food you eat, especially fatty food. After eating a meal, your gallbladder contracts (squeezes) and delivers bile into your bile duct (see diagram below) and then into your duodenum (small bowel) to help the digestion of your food. It is not a vital organ and it can be surgically removed if it is causing problems.
Laparoscopic Cholecystectomy

Why do some people develop gallstones?

It is not known why some people develop gallbladder disease. There are some factors which can make people more likely to develop gallstones and these include:

- **heredity.** Gallstones tend to run in families.
- **gender.** Women are twice as likely as men to have gallstones.
- **pregnancy.** Pregnancy causes oestrogen (female hormone) levels to rise which can increase the risk of gallstones developing.
- **body weight.** Being overweight increases the amount of cholesterol in your bile. This extra cholesterol may form into crystals and eventually into gallstones.
- **lifestyle.** Diets high in fat and sugar, low calorie diets and rapid weight loss can disrupt the bile chemistry and make it more likely for gallstones to develop.
- **age.** The chance of developing gallstones increases with age.
- **previous bowel surgery.** Some operations to the bowel can increase the risk of developing gallstones.

What type of operations are carried out to treat gallstones?

**Laparoscopic cholecystectomy (keyhole surgery)**

This means you will have a number of small incisions (cuts) in your abdomen. Your gallstones and gallbladder are removed by your surgeon. You will usually be discharged the same day or if needed, an overnight stay in hospital.

You may need to take about 2 - 3 weeks off work, depending on your job.

**Open cholecystectomy**

This means you will have an incision (about 4 inches or 10 centimetres) in your upper abdomen. Your gallstones and gallbladder are removed by your surgeon. You will usually be discharged within 1 - 2 days.

You may need to take about 4 - 8 weeks off work, depending on your job.
**Laparoscopic Cholecystectomy**

**Are there any risks or complications of having a laparoscopic cholecystectomy?**

Yes, as with any surgical procedure a laparoscopic cholecystectomy has some risks. These can vary according to your age and other illnesses you may have. The risks can include:

- **Pain.** This could be shoulder tip or abdominal pain due to irritation from the air used in your abdomen so your surgeon can see your organs. Taking painkillers can help. You should always follow the instructions provided in the leaflet supplied with your tablets.

- **Bleeding.** You may develop bleeding inside your abdomen or from your wounds post-operatively. If this occurs it will be treated accordingly. You may need a blood transfusion or another operation.

- **Wound infection.** If you feel feverish and your wound becomes hot, red and sticky, you should see your GP. This can be treated with antibiotics and you will not usually need to be re-admitted to hospital.

- **Scarring.** You will have scars following surgery from the incision sites.

- **Haematoma/collection.** A collection of blood can sometimes develop at a wound site. This may require drainage.

- **Bile leak.** This is a leak from your bile duct and usually settles in a few days. If this happens another operation may be needed to stop it.

- **Change to open surgery.** Your surgeon may need to convert to an open procedure. The reasons this may be needed include the presence of adhesions (scar tissue) from previous surgery, bleeding and accidental injury to internal organs.

- **Injury to surrounding structures.** These can include bowel, liver and blood vessels. If this happens these will be repaired.

- **Deep vein thrombosis** - DVT (blood clots in the leg veins) or pulmonary embolism – PE (blood clots in the lungs).

  You will be given a leaflet “Reducing the risk of venous thromboembolism (blood clot) while you are in hospital and after you have been discharged”, which explains about this in detail.

  All adult patients will have their risk of developing a blood clot assessed within 12 hours of admission. Patients who are being admitted for planned surgery may have their risk assessed at pre-assessment.
Laparoscopic Cholecystectomy

The nurse or doctor who carries out your assessment will discuss your risk factors with you and advice on treatment to reduce your risk.

You will also be given information, “Your personal advice for the prevention of venous thromboembolism”, advising you on how to reduce your risk of developing a blood clot while you are in hospital and when you go home.

- **risks associated with a general anaesthetic.** You will be given a leaflet “You and your anaesthetic”, which explains in detail about anaesthesia. Your anaesthetist (a doctor with special training in anaesthetics) will discuss this with you.

- **reflux / diarrhoea.** You may suffer from symptoms of acid reflux (heartburn) or diarrhoea following removal of your gallbladder.

- **port site hernia (hernia at the site of surgery).** Some patients can develop a hernia where the cuts to the abdomen were made.

What will happen at the pre-assessment clinic?

You will meet the nurse practitioner who will explain your operation and answer any questions you may have. The nurse will complete your admission forms and start to discuss and plan your discharge from hospital after your operation. Some routine health checks will be taken at the clinic, for example, blood and urine tests, ECG (heart tracing), and x-rays if required.

This reduces the length of time you will need to stay in hospital as an inpatient. (See leaflet, “Your pre-assessment clinic appointment”).

You can expect your appointment to last between 1 – 3 hours depending on what tests and checks need to be done.

What do I need to bring with me?

The National Institute for Health and Care Excellence (NICE) recommends that you keep warm, before, during and after your operation because it can reduce side effects, complications and help you recover from your operation faster. ¹

Please make sure you bring socks and slippers, a dressing gown, a vest or other warm clothing to help you feel warm while you are in hospital. Please arrange for someone to collect your clothing and any items you will not need while you are in hospital, as storage space on the wards is limited.

Please bring in any new medicines that your doctor may have started after your pre-assessment visit. If doses of any other medicines change after your pre-assessment visit you must tell your nurse or doctor when you are admitted.

¹ North Tees and Hartlepool NHS Foundation Trust
Laparoscopic Cholecystectomy

How can I prepare for my operation?

Before any operation it helps to try and get as fit as possible as this helps in your recovery.

The most common types of gallstones are made of cholesterol and can be managed by changing your eating habits; by reducing the amount of fatty foods you eat and keeping your weight down.

If you are overweight, seek advice from your GP or practice nurse who will offer you support and dietary advice. Losing weight will help to reduce risks or complications during your operation.

If you smoke, it is advisable that you stop. Smokers are more likely to develop chest infections or blood clots after surgery. We realise this can be difficult, however, your GP, practice nurse and staff on the ward, are able to offer you advice and support.

What will happen while I am in hospital?

On admission to the ward you will be introduced to your ‘named nurse’ who is responsible for planning your nursing care with you. Your ‘named nurse’ is part of a team of nurses who are there to help and advise you and to make your stay as comfortable as possible.

What will happen before my operation?

When you arrive one of the nurses who will care for you will welcome you to the Access Lounge. They will re-check your details taken at the pre-assessment clinic to make sure nothing has changed.

You will be seen later in the day by one of your doctors who will tell you the planned time of your operation and answer any questions you may have. Before your operation one of your doctors will again explain the reasons for your operation, the operation itself and the precautions we take to avoid any risks or complications. After the operation has been explained to you and you are happy to proceed you will be asked to sign a consent form, if you have not already done so.

You will be asked to remove any jewellery you are wearing (except your wedding ring), contact lenses, make-up and nail varnish and also not to use any body lotions, deodorants and perfumes. You will be asked to put on a theatre gown and you will be fitted with surgical stockings.

False teeth, glasses and hearing aids may be removed in the operating theatre. You may be given a ‘pre-med’ (some tablets to help you relax). Just before the time of your operation one of your nurses from the ward will go with you and transfer your care to a theatre nurse.
Laparoscopic Cholecystectomy

If you have any worries or concerns tell the staff, they are there to help and support you.

Your theatre nurse will check your details again before taking you into the anaesthetic room. In the anaesthetic room you will meet your anaesthetist again. He or she will give you your anaesthetic before you are taken to the operating theatre. If your temperature is below 36°C (98.6°F) the operation will not start until you are warm. A warm air blanket or jacket may be used to raise your temperature.

When in the operating theatre and the recovery room your nurse will take your temperature regularly. If it falls below 36°C (96.8°F), you will be placed under a warm air blanket or jacket.

Please tell your nurse or doctor if you feel cold during your stay in hospital.

Before and during your operation:

- a cannula (fine needle) will be placed in the back of your hand or arm so we can inject drugs. Sometimes, when drugs are injected they may feel cold and sting a little.

- an intravenous drip may be attached to your cannula, but this usually takes place when you are asleep.

- you may be asked to breathe oxygen through a face mask before you are given the anaesthetic.

- your blood pressure will be taken.

- your pulse will be taken and the amount of oxygen in your blood will be measured by attaching a special clip to your finger. This does not hurt.

- your heart rate will be monitored by placing sticky pads on your chest. These are attached to some leads to show a tracing of your heart on a monitor. This is routine and is nothing to worry about.

Why am I asked not to eat or drink before my operation?

You nurse will tell you when you must stop eating or drinking before your operation. This is very important. You must follow the instructions. Nothing means nothing at all, including water and chewing gum.

If you forget and do eat or drink anything you must tell your doctor or nurse, as your operation may need to be postponed for your safety. This is because when you are unconscious, if your stomach contains food or drink you may be sick and it could get into your lungs, affect your breathing and cause an infection.
Laparoscopic Cholecystectomy

What will happen during my operation?

You will have a number of small incisions in your abdomen.

Your abdomen will be filled with air so that the laparoscope can be inserted safely and the organs can be seen clearly. The laparoscope allows the surgeon to see the inside of your abdomen. It is also possible to pass instruments through the small cuts in your abdomen to remove your gallbladder. When the surgeon is finished the air is released.

The small wounds are closed using either dissolvable sutures (stitches) or by sutures which need to be removed by the practice nurses at your GP’s practice. Your nurse will tell you which type you have.

The operation can take around 2 hours. This will depend on what needs to be done. Your doctor will discuss this with you before your operation.

What will happen after my operation?

After your operation you will be taken to the recovery room. Not everyone remembers waking up in the recovery room. Specially trained nursing staff will look after you until you are ready to return to your ward.

If you have any pain or feel sick, let the nursing staff in the recovery room know. They will give you some medication to relieve it, so by the time you are transferred back to the ward you should feel comfortable.

What will happen once I am back on the ward after my operation?

You will be made comfortable. Your nurse will check your blood pressure, pulse, temperature, pain level and wound. You will be encouraged to sit in a recliner chair and move around to prevent complications such as DVT and chest infections.

You will have surgical stockings as well as pumping devices on your legs to help prevent blood clots.

If at any time you are in pain or feel sick, please let one of your nurses know and they will give you medication to relieve it.

Your doctor will tell you when you can start to drink again, usually a few hours after your operation. You will have an intravenous drip in your arm through which you will receive fluids to prevent you from becoming dehydrated until you are able to drink normally.

Your wounds will have dressings over them which will allow you to bathe or shower from the day after your operation.
Laparoscopic Cholecystectomy

You may have a drain in your abdomen. This is a very thin tube which sits underneath your skin and drains away any fluid that might collect there. The drain is usually taken out a few hours after your operation, depending on how much fluid is coming out of it. The small hole that remains will close up on its own, but may ooze fluid for a little while. If needed a dressing will be put over it. You will be able to bathe or shower with the dressings.

You may have:

- some discomfort in your upper abdomen and shoulders. This is due to the air which was pumped into your abdomen and should get better in 2 - 3 days.
- colicky type abdominal pain for a few days after your laparoscopy. It is important to walk around to help get rid of the air.
- discomfort from your wound sites. Taking painkillers at regular intervals works best, rather than waiting until you are in pain. It will also reduce the need to take stronger painkillers. Always follow the instructions provided in the leaflet supplied with your tablets.
- some nausea (feeling sick) or vomiting (being sick) due to the effects of the anaesthetic. These will usually settle within 24 - 48 hours. It is important to drink plenty of fluids but not alcohol, to avoid dehydration.

It is normal to feel tired for 24 - 48 hours after your operation. A little bruising may develop around your wound sites, but this will clear.

Will I be in pain after my operation?

After all operations some discomfort, soreness or pain is to be expected, so good pain relief is important. It helps you feel better and makes it easier for you to move around, take deep breaths and cough. This reduces the risk of any complications happening after surgery.

You will be offered pain relief in one or more of the following ways:

- painkiller through a needle in your hand or arm
- injections into your bottom
- painkilling suppositories into your rectum (back passage)
- tablets when you are able to drink again.

A leaflet “Pain relief in hospital” is available and will be given to you explaining all of these methods of pain relief.
Laparoscopic Cholecystectomy

How long will I need to stay in hospital?

One of your doctors or nurses will assess you later the same day and decide if you are well enough to go home that day. Some patients may need to stay for 24 hours after this operation. If you do need to stay overnight, you will be transferred to an inpatient ward.

Plans for your discharge from hospital will be discussed with you before any decisions are made (see leaflet “Planning your Discharge from Hospital”).

When you are ready to go home you will be given a copy of your discharge plan which gives details of any arrangements made for you, for example, if you need to see your GP, practice nurse or district nurse to have stitches removed or dressings changed. A copy will also be sent to your GP.

Please ask your nurse if you need a fit note.

Simple painkillers will be given to you to take home. Any medications that you need to take will be explained to you.

When can I return to work?

You may need to take 2 - 3 weeks off work. This will depend upon the type of work you do. Ask your doctor or GP for further advice.

What will happen after I am discharged from hospital?

You will not be given a follow-up appointment. Please contact the Surgical Decisions Unit within 1 week of your discharge from hospital if you have:

- pain which is not helped with simple painkillers.
- a high temperature or feel feverish.
- jaundice (yellow discoloration of your skin).
- dark coloured urine.
- cream/green coloured discharge from a wound.

Contact numbers

If you have any problems following your discharge from hospital please contact.

University Hospital of North Tees

Surgical Decision Unit
telephone: 01642 624566 or 01642 624628
Monday – Friday, 8.00am – 8.00pm
Saturday – Sunday, 8.00am – 4.00pm
Laparoscopic Cholecystectomy

Further information is available from:

**NHS Choices**
telephone: 111 (when it is less urgent than 999)
Calls to this number are free from landlines and mobile phones
or via the website at [www.nhs.uk](http://www.nhs.uk)

Reference

This leaflet has been produced in partnership with patients and carers. All patient leaflets are regularly reviewed, and any suggestions you have as to how it may be improved are extremely valuable. Please write to the Quality Assurance Team, University Hospital of North Tees or email: patientinformation@nth.nhs.uk

Comments, Concerns, Compliments or Complaints

We are continually trying to improve the services we provide.

We want to know what we’re doing well or if there’s anything which we can improve, that’s why the Patient Experience Team is here to help.

Our Patient Experience Team is here to try to resolve your concerns as quickly as possible. If you would like to contact or request a copy of our PET leaflet, please contact:

telephone: 01642 624719
Monday – Friday, 9.00 am – 4.00 pm
Messages can be left on the answering machine and will be picked up throughout the day.

freephone: 0800 092 0084
Mobile: (can use text): 0779 506 1883
Email: patientexperience@nth.nhs.uk

Out of hours if you wish to speak to a senior member of Trust staff, please contact the hospital switchboard who will bleep the appropriate person.

telephone: 01642 617617
24 hours a day, 7 days a week

The Patient Experience Team is available to discuss your concerns in person Monday – Friday, 1.30 pm – 4.30 pm. The office is based on the ground floor at the University Hospital of North Tees.

Data Protection and use of patient information

The Trust has developed a Data Protection Policy in accordance with the Data Protection Act 1988 and the Freedom of Information Act 2000. All of our staff respect this policy and confidentiality is adhered to at all times. If you require further information please contact the Information Governance Team.

telephone: 01642 833551 or email: information.governance@nth.nhs.uk

University Hospital of North Tees, Hardwick, Stockton-on-Tees. TS19 8PE
University Hospital of Hartlepool, Holdforth Road, Hartlepool. TS24 9AH

Telephone: 01642 617617 Fax: 01642 624089