

Advice for patients under the care of Mr Michael Harvey MS FRCS

Laparoscopic Cholecystectomy

(Keyhole removal of the gallbladder)

You have been advised to have your gallbladder removed. This will be done by laparoscopic (keyhole) surgery. The following information will help guide you through the procedure and the period after your operation.

Before your operation

You will have undergone tests to see whether any of your gallstones have migrated out of the gallbladder into a tube that we call the bile duct. This happens in only a small percentage of patients. These tests might include ultrasound, blood tests and in some cases other X-Rays. If these tests suggest that a stone may have 'got out' you will probably undergo a procedure called ERCP before your gallbladder operation. This involves extracting the gallstones from the bile duct using a thin flexible instrument (an endoscope) passed into the bowel. You will be well sedated for this procedure which does not involve any cutting. If this procedure is felt to be necessary by your surgeon it will be fully explained to you.

Your operation

You will normally be admitted to hospital on the day of your operation. You will be asked to undergo a short period of starvation and will be advised of the timing of your last meal. The operation is done under a general anaesthetic. Four (or occasionally five) cuts will be made in your abdomen. The largest of these will rarely be more than 1 cm in length. The surgeon will introduce a laparoscope (like a thin telescope) into your abdomen through one of the cuts. The laparoscope is connected to a camera so that the surgeon can see inside the abdomen. The other cuts are to enable the surgeon to pass thin instruments into the abdomen to carry out the operation. The procedure usually takes about an hour. In a very small percentage of patients (less than 5%) it will prove to be impossible to carry out the operation using the laparoscopic method. Unfortunately this does not usually become apparent until the surgeon has had a look inside the abdomen with the laparoscope. Under these circumstances the surgeon will take out your gallbladder through a larger cut in your abdomen. If this is necessary it will delay your recovery and mean that you spend a little longer in hospital.

Most patients are out of hospital within 24 hours following their operation. In the first few hours after your operation you may need a painkilling injection but more likely will only require tablets to control any discomfort. Many patients find they experience so little discomfort that they do not need painkillers at all. You will be allowed to eat and drink as soon as you want to and will be encouraged to get out of bed.

With any operation there is a slight risk of developing a thrombosis in the veins of the leg. To counteract this you will be asked to wear support stockings whilst in hospital. In addition you will be given injections of a substance called heparin which helps prevent this. When you get home you may feel tired for the first few days. You should have little discomfort and any that you do have should be easily controlled with simple painkillers such as paracetamol. If you experience severe pain you should contact the hospital or your own doctor. You may resume normal activities (including work) as soon as you feel able. Most patients are 'back to normal' within 2 weeks of their operation, many even faster than this. If you have any stitches or skin staples arrangements should have been made to remove these after a week.

What can go wrong?

All operations can result in complications and laparoscopic cholecystectomy is no exception. Most complications are minor. Bruising around the site of the cuts is common and will resolve itself. If you experience any discharge from the wounds you should get your doctor to look at it as it might indicate a wound infection needing antibiotic treatment. Pain in the area of the gallbladder (just under the ribs on the right side of the abdomen) may persist for a time. If mild, and settling over a period of days do not worry. If severe, or getting worse you should seek medical advice. Collections of fluid can occur at the site of operation and may need to be removed with a needle.

There is a risk of damage to the bile duct during laparoscopic cholecystectomy. This is a rare but serious complication. The symptoms are usually severe pain or jaundice (increasing yellow discoloration of the eyes and skin). [f these symptoms occur seek medical advice from the hospital.

Questions patients often ask

Will I notice the loss of my gallbladder?

The gallbladder stores bile until it is needed (soon after a meal). Once the gallbladder has gone bile drips continually into the bowel. Your digestion will not be affected in any way. The only difference you will notice is that you will no longer get the pain you had before your operation.

Can you not just take the stones out?

This can be done. However they will almost certainly reform and you would be back to square one! In addition many gallbladders containing stones are so diseased that they are not working normally.

Where can I get more information?

You can get more information by visiting www.keyholesurgery.net