

Laparoscopic Cholecystectomy

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This leaflet explains why you have been referred for a Laparoscopic cholecystectomy. It tells you about the purpose of the operation which will already have been discussed with you before you agreed to have it. The leaflet also describes what you can expect when you come for the operation.

What is a Laparoscopic Cholecystectomy?

A Laparoscopic Cholecystectomy is the removal of the gallbladder using special telescope type instruments called laparoscopes. This is usually necessary because of problems with gallstones. This type of surgery is sometimes known as “keyhole surgery”.

The Gallbladder

The gallbladder is a pear shaped bag, which lies next to the liver. Bile (a digestive juice), is produced by the liver and stored in the gallbladder. Bile is released through the bile ducts into the small intestine to help digest fatty foods.

What causes Gallstones?

Gallstones are hard lumps of cholesterol, calcium and bile salts. Usually they stay in the gallbladder but can sometimes pass into the bile ducts causing pain, jaundice (yellowing of the skin), and inflammation of the pancreas.

How is the surgery performed?

Under a general anaesthetic, 4 small incisions are made at the naval (belly button), the upper abdomen and below the ribs, each of which is about ½-1cm long. The laparoscope is inserted at the navel, this enables the surgeon to see inside your abdomen with views shown on a screen.

The abdomen is inflated with carbon dioxide gas to help the surgeon see.

Through the other incisions, the surgeon passes small instruments such as scissors and forceps to help remove the gallbladder. The duct leading to the gallbladder (the cystic duct) is clipped off using small metal clips to prevent leaks. Sometimes an X-ray called a Cholangiogram is performed at the same time, this may help to identify any stones or narrowing in the ducts.

What happens if keyhole surgery cannot be performed?

In a small number of patients the laparoscopic method of gallbladder removal cannot be carried out due to poor visibility, difficulty in handling organs or because of bleeding or some other complication. If this happens your surgeon may feel it is safer to perform an 'open' cholecystectomy where an incision is made through the abdomen, and the operation is completed by conventional surgery. The decision to convert to the open operation is made at the time of your operation on the grounds of safety.

What are the risks of the surgery?

Complications are possible with any surgical procedure. These will have been discussed with you before you agreed to the procedure.

Laparoscopic Cholecystectomy is a very safe operation for most patients. However a small number of patients develop complications. It is important that you are aware of these potential complications, so that you can make an informed decision about your treatment. You can discuss any concerns you may have with your surgeon.

Any operation carries a risk of the complications which include the following:

Risks related to having a general anaesthetic, are usually only a problem if you have a pre-existing medical condition affecting your health such as:

- Heart problems
- Breathing difficulties
- An allergic reaction to medication or anaesthetic
- A blood clot forming in a vein or the lungs.

Risks of laparoscopic surgery

- Damage to surrounding areas or tissues, such as the bowel
- Excessive bleeding
- Infection of wounds or deep seated infection.

Risk of laparoscopic Cholecystectomy

- Serious damage to the main bile passageway from the liver or leakage of bile after surgery.

Benefits of Laparoscopic Cholecystectomy

This surgery will help to improve quality of life and prevent recurrence of your symptoms.

The risk of complications may be increased in:

- Older patients
- People who are overweight, smoke or consume excessive amounts of alcohol
- People taking certain types of medication (anti coagulant type drugs, e.g. warfarin, clopidogrel).

Recovery from the operation.

- You will usually have a drip in your arm after the operation to give intra-venous fluids
- You are able to eat and drink within a few hours of you operation. If you experience nausea the nursing staff can give you something to help this
- This type of operation is not usually too painful, but you will be given tablets to help relieve any discomfort
- You may have small dressings on each of the small cuts to your abdomen. These should be removed after about 24 hours. The stitches under the skin will dissolve over a few weeks and do not need to be removed. Alternatively the wounds may be closed with a special glue
- You can bathe and shower the day after the operation or once you feel comfortable
- You can return to work when you feel comfortable. About 2 weeks is usual, but this maybe longer or shorter depending on your job and your recovery
- You may be able to go home the same day or the day after your operation depending on your recovery.

Things to watch out for

- Severe abdominal pain or shoulder tip pain that is not relieved by your prescribed painkillers
- Yellowing of the skin and the whites the eyes
- high temperature with shivering and fever
- Persistent nausea and vomiting
- Swelling, redness, pain and discharge from any of the incisions.

If you experience any of these symptoms consult your Doctor as soon as possible or ring the hospital for advice.

Deep Vein Thrombosis (DVT)

DVT is a blood clot that can form in any vein but mostly in the deep veins in the legs. This can form after any operation or any situation where you have not been as mobile as you usually are. The signs of DVT can include a swollen, red and painful calf area of the leg, the pain worsening when you point your foot towards you. There may also be shortness of breath.

You must inform a doctor immediately if you have any concerns.

Pulmonary Embolism (PE)

PE is a blood clot that has broken away from the deep veins in the leg and travels to the lungs where it becomes lodged. **This is a medical emergency requiring urgent medical care.**

The signs of PE can include shortness of breath, coughing up frothy, bloodstained phlegm, having a sudden and urgent desire to have a bowel action, chest pain and can possibly lead to collapse. **This is a life threatening condition. Please inform a doctor immediately if you are concerned.**

Alternatives to Laparoscopic Cholecystectomy

There is no successful alternative to this operation, however you may prefer to remain under the care of your GP for symptom control.

Notes

Alternative Formats

If you would like a copy of this information in large print, another language, audio tape or other format please call the Contact Centre on **0844 811 8118**.

Other sources of information

NHS Direct 0845 46 47

www.nhsdirect.nhs.uk/

NHS Choices

www.nhs.uk/pages/homepage.aspx

NICE (National Institute for Health and Clinical Excellence)

www.nice.org.uk

Patient Advice and Liaison Service (PALS)

Freephone: **0800 032 0202**

Text: 01670 511098

Email: northoftynepals@nhct.nhs.uk

Northumbria Healthcare NHS Foundation Trust

General Enquiries **0844 811 8111**

www.northumbria.nhs.uk

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