

Cholecystectomy (Removal of the Gall Bladder)

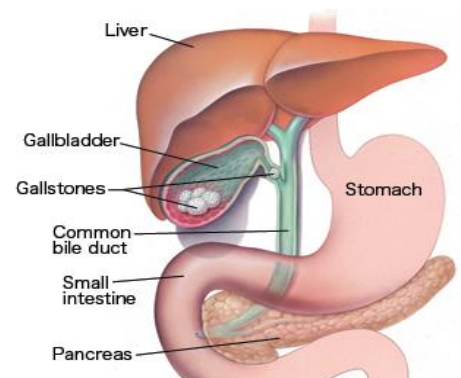
Introduction

The Covid pandemic has had a significant impact on the NHS ability to provide routine elective services. We recognise that patients are waiting longer than we would all like and it is not always possible to identify when treatment will take place. This document provides you with information on how you are able to support yourself while waiting to attend the hospital. The guidance has been written by clinicians who are responsible for your care.

Please read the following information in conjunction with the staying healthy guidance appropriate for your condition.

About Gall Bladder & Gall stones:

- The gallbladder is a small, pouch which sits under the liver.
- It stores bile, produced by the liver that helps with digestion of fatty foods.
- An imbalance in bile, mainly cholesterol, leads to gall stone formation.
- Most gall stones are asymptomatic and are found incidentally.
- Gall stones which cause pain and infections stones are best treated by removing the gall bladder (cholecystectomy).
- You can live normally without a gallbladder.



When does the gall bladder need to be removed?

Cholecystectomy is recommended, when gall stones become troublesome, i.e. cause:

- Pain- Biliary Colic
- Infection in the gall bladder- Acute cholecystitis
- Blockage of bile flow out of the gall bladder- obstructive jaundice
- Blockage of the pancreatic duct- Pancreatitis
- Blockage of bowel

What if I don't have a gall bladder?

You can lead a perfectly normal life without a gallbladder.

Your liver will still make bile to digest your food; however, instead of being stored in the gallbladder, it drips continuously into your bowels.

Some people experience some indigestion, which usually is temporary and gets better by eating a low fat diet.

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Guidance for Patients

What happens before surgery?



What happens during the surgery?

You will be given general anaesthesia (put to sleep). The operation is either done elective (planned) or emergency. The average duration of the procedure is 60 minutes.

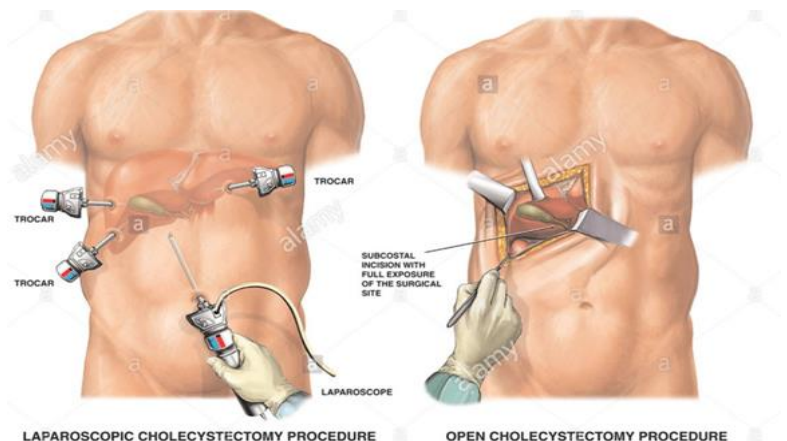
There are two ways of removing the gallbladder:

- Laparoscopic (keyhole) cholecystectomy
- Open cholecystectomy

Keyhole surgery is the preferred technique because you can leave hospital sooner, recover faster and are left with smaller scars than with an open procedure.

An open procedure is needed when:

- It is unsafe to do keyhole, due to a lot of scar tissue from previous surgery on your tummy.
- You are medically unfit to have the stress of the gas put into the belly, for the keyhole operation.
- Keyhole procedure is converted into an open one if the anatomy is unclear / abnormal, in the best interest of patient safety.



Side effects after the operation

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The contents of this information has been reviewed and approved by the UHCW My Planned Care Committee of UHCW NHS Trust.

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You may experience some temporary side effects while you recover, including:

- swollen, bruised and painful wounds – this should start to improve within a few days; regular painkillers such as paracetamol may help reduce the discomfort
- feeling sick – you may feel sick from the anaesthetic or painkillers you've been given, but this should pass quickly
- pain in your tummy and shoulders – this is from the gas used to inflate your tummy and should pass after a couple of days; painkillers can be taken to relieve the discomfort
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- bloating, flatulence and diarrhoea – this can last a few weeks; eating high-fibre food such as fruit, vegetables, brown rice and wholemeal bread can help to firm up your stools, and your GP may also be able to prescribe medication to help

These side effects are completely normal and not usually a cause for concern. You only need to contact your GP, the hospital or NHS 111 for advice if they're particularly severe or persistent.

What happens after the surgery?

| Recovery time | |
|-------------------------|--|
| Keyhole surgery: | Hospital stay 0-1 day – Return to normal activities in 2 weeks |
| Open surgery: | Hospital stay 3-4 days – Return to normal 6-8 weeks |
| Diet: | The low fat diet, as prescribed before surgery, should be converted into a healthier, balanced diet. |
| Activity: | Get back to light work by 2 weeks and avoid strenuous activity for 6 weeks. Walking is a good exercise during this recovery phase. |
| Wound care: | Mostly, dissolvable stitches are used, which start to disappear by themselves within a week or two. If non-dissolvable stitches are used, you'll usually need to have them removed by a nurse at your GP surgery after 7-10 days. You'll be told about how to look after your wound and stitches; including how long any dressings need to stay on, when they should be replaced and when you can start having showers or baths. |
| Driving: | After 2 weeks, once you are happy to wear the seatbelt and undertake an emergency stop without feeling any discomfort |
| Return to work: | Usually 2 weeks, after keyhole surgery and up to 8 weeks after open surgery. Jobs involving a lot of strenuous activity will need to be kept off for up to 8 weeks. |
| Sex: | After 2 weeks as soon as you feel up to it, but avoid strain on your wounds |
| Keyhole surgery: | Hospital stay 0-1 day – Return to normal activities in 2 weeks |

Risks of gallbladder removal surgery

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Gallbladder removal surgery is considered to be a safe procedure, but like any type of surgery there is a risk of complications. Possible complications include:

- Wound infection
- Bleeding
- Bile leak into the tummy
- Damage to the bile pipes (ducts) carrying bile out of the liver (1in500)
- Injury to the bowel and blood vessels (1in1000)

- Retained stones in the bile pipe- in which case you will need a further procedure to remove them endoscopically (ERCP).
- Deep vein thrombosis (DVT) - Some people are more prone for clot formation. Initially the clots form in the legs (DVT) and then could travel into the lungs to cause breathing difficulty (Pulmonary embolism). Special compression stockings and injections are used to reduce this risk.
- Post-cholecystectomy syndrome- Some people experience symptoms of tummy pain, indigestion and diarrhoea. In most cases symptoms are mild and short-lived, but they can persist for many months. If you do have persistent symptoms, you should contact your GP for advice.
- Port-site hernia which is a small bulge at the site of the cut.

What should I do if my health is deteriorating?

When to get medical advice?

Contact your GP, the hospital or NHS 111 for advice if you experience:

- return of your original symptoms
- severe, excessive or increasing pain
- high temperature (fever) of 38c (100.4F) or above
- persistently feeling sick and/or vomiting
- increasing swelling, redness or discharge from a wound
- yellowing of the skin and whites of your eyes (jaundice)
- dark urine and pale stools

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