What is the gall bladder?

The gall bladder is a pear shaped sac which is attached to the under surface of the liver in the right upper part of the abdomen. Bile ducts (small tubes) carry bile from the liver to the bowel where it is important in the digestion of fatty food.

The gall bladder stores this bile in between meals but is not essential for good health. You will not notice any harmful effects from the removal of your gall bladder.

Why does my gall bladder need to be removed?

Your doctor may refer you for an operation to remove your gall bladder for several reasons. The most common are:

- pain that is thought to be caused by gallstones; typically this is pain in the upper abdomen that comes on after food, particularly fatty or rich food.

- past episodes of inflammation of the gall bladder or pancreas.

What is a cholecystectomy?

Cholecystectomy is the removal of the gall bladder. This has, previously, been performed with an open operation, (involving a large cut on the stomach wall), which leaves a scar several inches long on the tummy.

In the last few years it has become usual to use ‘key–hole’ surgery. This is called a laparoscopic cholecystectomy. Instead of one big cut, 4 small cuts are made. The surgeon does the operation with the aid of a small camera inserted into the tummy near the belly button. Small instruments are put into the tummy through the other small cuts.

With some patients it is necessary to start as an open operation or, for safety’s sake, to have the operation changed from laparoscopic to open surgery. This would mean a larger cut on the tummy and a longer hospital stay. Recovery from open surgery is significantly longer than

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from a laparoscopic operation.

Cholecystectomy is generally a straightforward operation and now most patients are day patients – they go home the same day. The only major complication is damage to the bile duct, thankfully this is very rare, but it is important because of its seriousness. Further specialist operations may be needed to correct this injury.

**ERCP (endoscopic retrograde cholangio-pancreatogram)**

This procedure is performed through the stomach using a telescope passed by mouth. It is used to remove gallstones that have become stuck in the bile duct. These stones may be predicted before your gall bladder operation if you have had abnormal liver blood tests or an episode of yellow jaundice or pancreatitis. Occasionally these stones are found unexpectedly during a cholecystectomy or soon afterward and ERCP needs to be performed.

**Are there any alternatives?**

Yes, two:

**A low fat diet** - this may reduce the number of episodes of pain. However, even with a low fat diet, episodes of pain can still occur and there may be complications from the stones, such as inflammation of the pancreas (pancreatitis).

**Medication** - this can be given to try and dissolve the gall stones. However, these tablets have unpleasant side effects and even if the stones dissolve they come back in 50% of people within 5 years. This treatment can only be used for a small number of patients and is only advised for people who are in very poor health and for whom surgery would be very risky.

**What is the success rate in Salisbury?**

We can perform 99% of all cholecystectomies laparoscopically (both planned and the more difficult emergency operations). Published evidence shows most hospitals and treatment centres complete almost 80% of their cholecystectomies laparoscopically. We also have a very high rate of day case surgery and low complication rates.

**On the day of the operation**

Do not to smoke or drink alcohol on the day before your operation.

If your admission is in the morning you must not eat anything for 6 hours before. This includes chewing gum and sweets. You may drink non-milky drinks up until 6.30am but nothing more until after your operation.

If you are coming in at 12.30pm you may have a light breakfast at 8.00am, and a non-milky drink up until 11.00am but nothing more until after your operation.

When you arrive you will be shown to a bed and asked to change into a hospital gown. The surgeon doing your operation will visit you, ask you some questions and examine you. If you and your surgeon agree to proceed with the operation, you will be asked to sign a consent form and the operation will take place.

If you or the surgeon decide that the operation as planned should not occur, then it would need to be cancelled or postponed. This happens very rarely and you will obviously be fully involved.

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and informed in this discussion.

**Discharge from hospital**

We will give you a letter for your GP. Please remember to hand this in within a few days. You do not need to make an appointment to see your doctor. The letter is to be of help to your doctor if you have any problems after the operation.

We will give you some pain killing medication to take home. Please use these up to the recommended dose if you have any pain.

**Normal wound care after discharge**

The skin cuts are generally closed with absorbable stitches that do not need to be removed. These wounds should heal simply and you do not normally need to see your Practice Nurse after surgery. You can remove the small protective dressings after about 48 hours. Your wounds will be uncomfortable, red with some bruising, but this should be improving by the third day after your operation, if it does not improve, there may be a problem. You should go to your GP surgery.

You may take a shallow bath or shower as you wish, but please avoid soaking in the bath until the wounds are fully healed, (usually about a week after the operation), as this may delay normal healing.

**Your recovery and return to normal activity**

Over the next few days gently return to your normal activities, rest in the afternoon and very gradually do a little more each day.

Your abdomen (tummy) may feel rather swollen for a few days from the gas put in to allow the operation to be performed. This gas will be rapidly absorbed and the discomfort ease. Please seek advice if the pain gets worse.

Do not do any heavy lifting, such as gardening or sports for at least 2 to 3 weeks after the operation. Do not drive for about a week after the operation. You can drive when you can safely perform an emergency stop without any pain. However you should check with your insurance company before driving, as policies vary.

You can return to work as soon as you feel able - this is usually after about 3 weeks.

You will not usually be seen in outpatients after the operation, but if you have any problems or questions please feel free to telephone the surgical office (01722 336262 ext 4778) and we will be happy to see you in the Surgical Clinic. If you need further advice please ask in the Assessment Unit.
### What problems can arise after the operation?

<table>
<thead>
<tr>
<th>The risk</th>
<th>What happens</th>
<th>What can be done about it</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infection</td>
<td>A wound may become infected causing pain, redness and possibly discharge. The rate of risk is less than 1 in 10 operations.</td>
<td>Infections are usually minor and are treated successfully with dressings and/or antibiotics.</td>
</tr>
<tr>
<td>Excessive bleeding</td>
<td>Damage to a blood vessel occurs in about 1 in 300 operations</td>
<td>You may need a blood transfusion and you may need a second operation to stop the bleeding.</td>
</tr>
<tr>
<td>Need for open surgery</td>
<td>Key-hole surgery may not work and open surgery is needed – less than 1 in 10</td>
<td>Open surgery needs a bigger cut in the abdomen and a longer stay in hospital</td>
</tr>
<tr>
<td>Hernia</td>
<td>A small hernia may form through one of the small cuts. This is rare, occurring in less than 1 in 50</td>
<td>Hernias usually need to be repaired by further surgery.</td>
</tr>
<tr>
<td>Retained stones in the bile duct</td>
<td>These may be found during operation or cause symptoms such as yellow jaundice after the operation.</td>
<td>These stones can usually be removed by an ERCP, but may require a further operation.</td>
</tr>
<tr>
<td>Spillage of gall stones</td>
<td>Some stones may fall out of the gall bladder during the operation and either not be noticed by the surgeon or we may not remove all the stones despite our best efforts.</td>
<td>In the vast majority of patients these stones cause no problems. Rarely (about 1 in 1000 patients), a small abscess may form around a stone that needs further treatment.</td>
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<tr>
<td>Bile leak</td>
<td>Bile can leak from the bile tube or the liver and form a collection in the tummy.</td>
<td>The collection of bile may need to be drained through the skin and/or an ERCP may be needed</td>
</tr>
<tr>
<td>Bile duct injury</td>
<td>Damage to the main bile duct during the operation – this is rare, but is the most serious complication of gall bladder surgery. It only occurs in less than 1 in 500 operations.</td>
<td>This is a serious problem and will need complex surgery to repair it. It can be life threatening.</td>
</tr>
<tr>
<td>Surgery does not help</td>
<td>Not all the symptoms are relieved by the operation in about 1 in 10 people</td>
<td>There may be another problem as well as gall stones, e.g. irritable bowel or a hiatus hernia</td>
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