



Laparoscopic Cholecystectomy

Mr Oliver Allenby-Smith

Consultant Upper GI Surgeon

Secretary – Linda

01202 244217

The Harbour Hospital Ward

01202 244230

What are Gallstones?

Gallstones are stones that form in your gallbladder (see figure 1) they are common and can run in families. The risk of developing gallstones increases as you get older and if you eat a diet rich in fat.

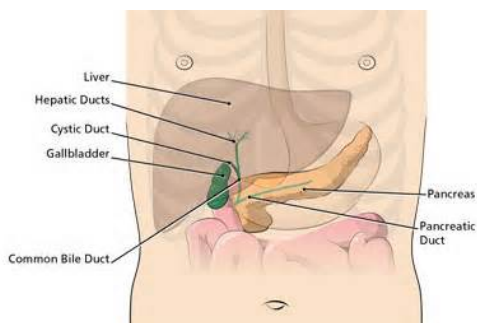


Figure 1 - The position of the Gallbladder

Your doctor has recommended an operation to remove the gallstones along with the gallbladder (cholecystectomy). However it is your decision to go ahead with the operation or not. This document will give you the information about the benefits and risks to help to help you make an informed decision.

How do Gallstones happen?

Your liver produces a fluid called bile that is concentrated by, and stored in, your Gallbladder (see figure 2). When you eat your food, your gallbladder empties bile into your intestines to help digest fats. Stones can develop in the bile particularly if you eat a diet rich in fat. For some people gallstones can cause severe symptoms, with repeated attacks of abdominal pain being the most common. Pain is due either to stones blocking the gallbladder duct (cystic duct) and preventing your gallbladder from emptying (biliary colic) or to inflammation of your gallbladder (cholecystitis). The Pain can be severe enough to need admission to hospital.

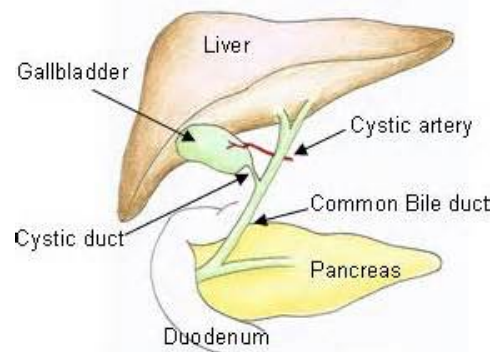


Figure 2 – The Gallbladder and surrounding structure

If the stones move out of your gallbladder into your common bile duct, they can cause jaundice (your eyes and skin turning yellow), serious infection of your bile ducts (cholangitis) or inflammation of your pancreas (acute pancreatitis). These problems can be serious and even cause death.

What are the benefits of surgery?

You should be free of pain and able to eat a normal diet. Surgery should also prevent the serious conditions that gallstones can cause. Your body will function perfectly well without a gallbladder.

Are there any alternatives to surgery?

Surgery is recommended as it is the only dependable way to cure the condition. It is possible to dissolve the stones or even shatter them into smaller pieces but these techniques involve unpleasant drugs that have side effects and a high failure rate. The gallstones usually come back. Antibiotics can be used to treat any infections of your gallbladder. Eating a diet low in fat may help to prevent attacks of pain. However, these alternatives will not cure the condition and the symptoms are likely to come back.

What will happen if I decide not to have the operation?

Your gallstones may not cause any symptoms. If you have already had the symptoms, it is likely that these will continue from time to time. There is a small risk of life threatening complications.

What does the operation involve?

Gallstones are treated surgically by removing your gallbladder containing the stones. The healthcare team will carry out a number of checks to make sure that you have the operation you came in for. The operation is performed under general anaesthetic and usually takes one to two hours. You may also have injections of local anaesthetic to help with the pain after the operation. You may be given antibiotics during the operation to reduce the risk of infection. Your surgeon will use laparoscopic (keyhole) surgery as this is associated with less pain, less scarring and a faster return to normal activities. Your surgeon will make a small cut on or near your belly button so that they can insert an instrument into your abdominal cavity and inflate it with gas (carbon dioxide). They will make several small cuts on your abdomen so that they can insert tubes (ports) into your abdomen. Your surgeon will insert surgical instruments through the ports along with a telescope so that they can see inside your abdomen and perform the operation (see figure 3)

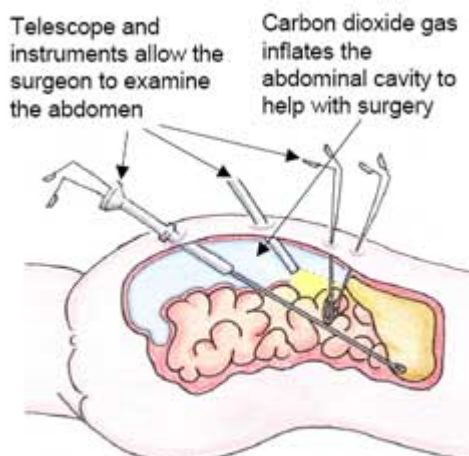


Figure 3 – the technique for laparoscopic surgery

Your surgeon will free up your cystic duct and artery. They may inject dye (colourless contrast fluid) into your common bile duct and take an x-ray. Your surgeon will separate your gallbladder from your liver and remove it through one of the small cuts. If the x-ray shows stones in your common bile duct, your surgeon may remove the stones during the operation or later using a flexible telescope that is passed down your oesophagus (gullet). For about 1 in 50 people it will not be possible to complete the surgery using keyhole surgery. The operation will be changed (converted) to open surgery, which involves a larger cut usually just under your right ribcage. Your surgeon will remove the instruments and close the cuts.

What should I do about my medication?

Let your doctor know about all the medication that you take and follow their advice. This includes all blood-thinning medication as well as herbal and complimentary remedies, dietary supplements and medication that you can buy over the counter.

What can I do to make the operation a success?

If you smoke then stopping smoking several weeks or more before the operation may reduce your risk of developing complications and will improve your long-term health. Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight. Regular exercise should help you prepare you for the operation, help you recover and improve your long-term health. Before you start exercising, ask your GP for advice. You can reduce the risk of infection in a surgical wound by not shaving or waxing the area that the cut is likely to be in the week before the operation, have a bath or shower on the day off or the day before your operation and by keeping warm around the time of the operation. Please let the nursing team know if you are feeling cold.

What complications can happen?

The healthcare team will try to make the operation as safe as possible but complications can happen. Some of these can be serious and even cause death (risk less than 1 in 500). When you are recovering you need to be aware of the symptoms that may show you have a serious complication. You should ask your doctor if there is anything that you don't understand. Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

1. Complication of anaesthesia

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

2. General complications of any operation

- Pain. The healthcare team will give you medication to control the pain and it is important that you take it as you are told to so you can move about and cough freely. After keyhole surgery, it is common to have some pain in your shoulders because a small amount of carbon dioxide gas may be left under your diaphragm. Your body will naturally absorb the gas over the next 24 hours, which will ease the symptoms.
- Bleeding during or after the operation. You may need a blood transfusion or another operation.
- Unsightly scarring of your skin.
- Developing a hernia in the scar, if you have open surgery, caused by the deep muscle layers failing to heal. This appears as a bulge or rupture called an incisional hernia. If this

causes problems you may need a further operation.

- Infection in the wound. It is usually safe to shower after 2 days but you should check with healthcare team. Let the team know if you get a high temperature, notice pus in your wound, or if your wound becomes red, sore or painful. An infection usually settles with antibiotics but you may need another operation.
- Blot clot in your leg (deep-vein thrombosis DVT) this can cause pain, swelling or redness in your leg, or the veins near the surface of your leg to appear larger than normal. The healthcare team will assess your risk. They will encourage you to get out of bed soon after the operation and may give you injections, medication, or special stockings to wear. Let the healthcare team know straightaway if you think you may have a DVT.
- Blood clot in your lung (pulmonary embolus) if a blood clot moves through your bloodstream to your lungs. If you become short of breath, feel pain in your chest or upper back, or if your cough up blood, let the healthcare team know straight away. If you are at home, call an ambulance or go immediately to your nearest Emergency department.

Specific complications of this operation

Keyhole surgery complications

- Developing a hernia near one of the cuts used to insert the ports (risk 1:100). Your surgeon will try and reduce this risk by using small ports (less than a centimetre in diameter) where possible or, if they need to use larger ports, using deeper stitching to close the cuts.
- Damage to structure such as you bowel, bladder or blood vessels when inserting instruments into your abdomen (risk less than 3 in 1,000). The risk is higher if you have had previous surgery to your abdomen. If an injury does happen you may need open surgery. About 1 in 3 of these injuries is not obvious until after the operation.
- Surgical emphysema (crackling sensation in your skin caused by trapped carbon dioxide gas), which settles quickly and is not serious)

Cholecystectomy complications

- Leaking of bile or stones. Surgeons can usually deal with this at the time of surgery but you may need another operation.
- Retained stones in your common bile duct. Your surgeon may remove the stones during the operation or later using a flexible telescope.
- Continued pain

- Diarrhoea because you no longer have a gallbladder to control the flow of bile into your intestines.
- Inflammation of the lining of your abdomen (peritonitis) caused by a collection of bile or blood.
- Bile duct injury, which is potentially serious (risk 1:500). You may need another operation
- Allergic reaction to the equipment, materials, medication or dye. This usually causes a skin rash which settles with time. Sometimes the reaction can be serious (risk: less than 1 in 2500) or even life threatening (risk 1: 25,000). The healthcare team is trained to detect and treat any reactions that might happen. Let your surgeon know if you have any allergies or if you have reacted to any medication or tests in the past.
- Bowel injury, if your bowel is stuck to your gallbladder (risk: less than 1 in 500)
- Serious damage to your liver or its associated blood vessels. This is rare but you may need another operation.

How soon will I recover?

In hospital

After the operation you will be transferred to the recovery area and then the ward. You should be able to go home either the same or the next day. You need to be aware of the following symptoms as they may show that you have a serious complication.

- Pain that gets worse over time or is severe when you move, breathe or cough.
- A high temperature or fever
- Dizziness, feeling faint or shortness of breath
- Feeling sick or not having any appetite (and this gets worse after the first one or two days)
- Not opening your bowels and not passing wind.
- Swelling of your abdomen
- Difficulty passing urine

If you do not continue to improve over the first few days, or if you have any of these symptoms, let the healthcare team know straight away. If you are at home, contact your surgeon or GP. In an emergency, call an ambulance or go immediately to your nearest emergency department.

Returning to normal activities

To reduce the risk of a blood clot, make sure you follow carefully the instructions of the healthcare team if you have been given medication or need to wear special stockings.

You should be able to return to work after two to four weeks depending on the extent of the surgery and your type of work.

Your doctor may tell you not to do any manual work for a while. Do not lift anything heavy for a few weeks.

Regular exercise should help you return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice. Do not drive until you are confident about controlling your vehicle and always check your insurance policy with your doctor.

The future.

You should make full recovery and be able to return to normal activities and eat a normal diet. If your pain or jaundice continues, let your doctor know.

Summary

Gallstones are a common problem. An operation to remove your gallstones should result in you being free from pain and able to eat a normal diet. Surgery should also prevent the serious complications that gallstones can cause. Surgery is usually safe but complications can happen. You need to know about them to help you to make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.