

Cholecystectomy - Laparoscopic

Your Gallbladder Operation - Some Information

These notes give a guide to your stay in hospital. They also give an idea about what it will be like afterwards. They do not cover everything. If you want to know more, please ask.

What is a Gallbladder?

The gallbladder lies behind your right ribs at the front, below the liver and above the duodenum (gut). It is a pouch connected with the tubing (bile ducts) that carries bile from the liver to the gut.

Stones form in the gallbladder. They often cause pain. If stones escape from the gallbladder, they can block the bile ducts, causing pain, fever and yellow jaundice.

What does the operation consist of?

We take out your gallbladder and its stones. We have already checked that there are no stones, as far as we can tell, in the bile ducts. Some patients have already had the bile ducts cleared of stones.

In your case we should be able to do the operation using a keyhole method.

This means making 3 wounds about half an inch long in the front of your tummy, plus another wound in your tummy button. We pass a very narrow telescope called a laparoscope (**lapp**-arra-scope) through one of the wounds. We can see what is going on inside your tummy on a television screen.

We pass special narrow instruments through the other wounds.

We free the gallbladder and draw it out through your tummy button wound. The removal is called a cholecystectomy (coal-ee-sist-**ek**-tummy). Using the telescope makes it a laparoscopic cholecystectomy.

Then we close the wounds with stitches.

Most patients can go home the day of operation or the day after this operation.

Rarely we cannot safely take out the gallbladder this way. Then we need to make a bigger wound to do the job. We can only tell at the time of the operation. This usually means being in hospital for 4 days or more.

Are there any alternatives?

If you leave things as they are, you are likely to have more of the same trouble. This may only be more pain from the gallbladder, which is unpleasant but not dangerous on its own. If you have had only 1 attack, you may like to wait and see. If you feel you could not take the operation, and especially if you are over 70 years old, this is worth thinking about.

If you have had yellow jaundice, or pancreatitis, you can get seriously ill in another attack.

Dissolving the stones away by drug treatment has been disappointing. It takes many months of treatment. Often the drug cannot get into the gallbladder. The stones may not dissolve away if they are big or chalky. The stones come back after the treatment has stopped.

Shock wave treatment is experimental. At the present time, it just makes the drug treatment a little better.

Mini-operations using ordinary instruments are not as good as a key-hole operation.

Lasers can be used in a key-hole operation, but they are not any better than the electric method we use.

What happens before the operation?

Welcome to the ward

You will be welcomed to the ward by the nurses or the receptionist. You will have your details checked. You will be shown to your bed. You will be asked to change into your nightwear. You may have some basic tests done, such as pulse, temperature, blood pressure and urine examination.

You will be asked to hand in any medicines or drugs you may be taking, so that your drug treatment in hospital will be correct. Please tell the nurses of any allergies to drugs or dressings.

Visits by the surgical team

You may be seen first by the House Surgeon, who will interview you. If you are not clear about any part of the operation, ask for more details from the doctors or from the nurses. They are never too busy to do this.

You will be seen by the surgeon who will be doing the operation. He will check that all the necessary preparations have been made.

Visits by the anaesthetic team

One or more anaesthetists who will be giving your anaesthetic will interview and examine you. They will be especially interested in chest troubles, dental treatment and any previous anaesthetics you have had. Tell them about any anaesthetic problems in the family.

Visit by the physiotherapist

The physiotherapist will show you how to keep your chest clear after the operation and how to keep moving about. You should not smoke.

Diet

You will have your usual diet until 6-12 hours before the operation. Then you will be asked to take nothing by mouth. This will let your stomach empty to prevent vomiting during your operation.

The Periods

The periods do not affect the operation.

Shaving

You will be shaved to remove excess hair when you are asleep.

Timing of the operation

The timing of your operation is usually arranged the day before or same day. The nurses will tell you when to expect to go to the operating theatre.

Do not be surprised, however, if there are changes to the exact timing.

Premedication

You may be given a sedative injection or tablets about 1 hour before the operation.

Transfer to theatre

You will be taken on a trolley to the operating suite by a ward nurse and a theatre porter. You will be wearing a cotton gown. Wedding rings will be fastened with tape. Removable dentures will be left on the ward. There will be several checks on your details on the way to the anaesthetic room where your anaesthetic will begin. You will go to sleep.

The operation is then performed.

What happens after the operation?

Coming round after the anaesthetic

Although you will be conscious a minute or two after the operation ends, you are unlikely to remember anything until you are back in your bed on the ward. Some patients feel a bit sick for up to 12 hours after operation, but this passes off. You will be given some treatment for sickness if necessary.

You will have a plastic tube in an arm vein.

You may be given oxygen from a face mask for a few hours if you have had chest problems in the past.

Warning after a General Anaesthetic

The drugs we give for a general anaesthetic will make you clumsy, slow and forgetful for about 24 hours. This happens even if you feel quite alright.

For 24 hours after your general anaesthetic:

- Do not make any important decisions.
- Do not drive.
- Do not use machinery at work or at home.
(e.g. do not boil a kettle).

Will it hurt?

The wounds are injected with a pain killing drug during the operation. They are usually only a little uncomfortable.

Ask for tablets or even injections if the wounds are troubling you.

You may notice some discomfort in your shoulder tips for a day or 2. This is caused by the special gas we use to help us see clearly in your tummy during the operation. It settles down.

You will be expected to get out of bed the day of the operation despite the discomfort. You will not do the wounds any harm, and the exercise is very helpful for you.

The second day after operation you should be able to spend most of your time out of bed.

By the end of 4 days you should have little discomfort.

Drinking and eating

You should be able to drink on the day of the operation provided you are not feeling sick.

Next day, you should be able to take light foods.

You should be eating normally after 3 or 4 days.

Opening bowels

It is quite normal for the bowels not to open for a day or so after operation.

If you have not opened your bowels after two days and you feel uncomfortable, take a mild laxative such as senna.

Passing urine

It is important that you pass urine and empty your bladder within 6-12 hours of the operation. If you find using a bed pan or a bottle difficult, the nurses will assist you to a commode or the toilet. If you still cannot pass urine let the nurses know and steps will be taken to correct the problem.

Sleeping

You will be offered painkillers rather than sleeping pills to help you to sleep. If you cannot sleep despite the painkillers please let the nurses know.

Physiotherapy

The physiotherapist will check that you are clearing your lungs of phlegm by coughing. You can help your circulation by continuous movement of body and limbs.

The wound and stitches

The wounds have dressings, which may show some staining with old blood in the first 24 hours. The dressing will be changed before you go home if they are stained.

Keep the dressings on for a week until you are seen at a follow up visit.

There may be some purple bruising around the wounds which spreads downwards by gravity and fades to a yellow colour after 2 to 3 days. It is not important.

There may be some swelling of the surrounding skin which also improves in 2 to 3 days.

After 7 to 10 days, slight crusts on the wound will fall off.

Occasionally minor matchhead sized blebs form on the wound line. These settle down after discharging a blob of yellow fluid for a day or so.

Injections

You will have tiny injections into the skin of the tummy to keep the circulation going.

Washing

You can wash around the dressings. Keep the dressings dry so that the sticky strips underneath do not loosen.

What about informing my relatives and contacts?

With your permission, the nurses and doctors will keep your relatives and contacts up to date with your progress.

How long in hospital?

Most patients can go home the day of the operation. Some need to stay until the next day.

You can stay longer if you are not feeling fit enough to go home so soon.

If you have had a standard large wound operation, plan to go home in 4 days.

The nurses will talk to you about your home arrangements so that a proper time for you to leave hospital can be arranged.

You will be given an appointment to attend your General Practitioner a week after the laparoscopic cholecystectomy for suture removal. A follow-up out-patient clinic appointment will be made six to eight weeks at the hospital.

Sick notes

Please ask the nurses for sick notes, certificates etc.

After you leave hospital

You are likely to feel tired and need rests 2 to 3 times a day for a day or two. You will rapidly improve so that by the time a week has passed, you should be able to return completely to your usual level of activity.

Driving

You can drive as soon as you can make an emergency stop without discomfort in the wound, i.e. after about a week.

What about sex?

You can restart sexual relations within a few weeks or so, when the wounds are comfortable enough.

Work

You should be able to return to a light job after about 4 days, and any heavy job within 10 days.

Complications

Complications are unusual but are rapidly recognised and dealt with by the nursing and surgical staff.

If you think that all is not well, please ask the nurses or doctors.

We keep a careful watch for bleeding in the first 12 hours.

Chest infections may arise, particularly in smokers. Work with the physiotherapists to clear your air passages.

Do not smoke.

Sometimes bile can collect in your tummy in the first 2-3 days after the operation. This can be uncomfortable and put you off your food. Report it to your General Practitioner.

Wound infection, such as in the tummy button, is a rare problem and settles down with antibiotics in a week or two.

Aches and twinges may be felt in the wounds for up to 6 months.

Occasionally there are numb patches in the skin around the wound which get better after 2 to 3 months.

General advice

The operation should be straight forward. Patients are often surprised how quickly they get back to normal health.

If you have any problems or queries, please ask the nurses or doctors.

Any Questions?

If you have any questions, jot them down here and ask the doctors or nurses for answers.

If your stay has been pleasant or you have any suggestions to improve the experience in Hospital please write to me at the address below. If any member of staff has stood out in your care again write to me. Positive feedback is always appreciated. Use the form overleaf to help with this.

Any complaints?

If you have any complaints, please contact the doctors or nurses straight away. If this does not solve the problem, please write to me at Surgical Unit, Causeway Hospital, 4 Newbridge Road, Coleraine. BT52 1HS.

Mr M G Brown, MD FRCS
Consultant Surgeon & Vascular Surgeon.

Have you any comments?

We welcome your comments and suggestions covering your illness, your treatment in hospital, and your recovery. Please write below any points you would like to make. If you prefer, you need not give your name.

Full name:

Hospital:

Ward:

Date of stay in hospital:

Operation:

Out patients department:

Your admission arrangements:

Your welcome on the ward:

Nursing staff:

General ward atmosphere:

Medical staff:

Ward orderlies:

Portering staff:

X-ray staff:

ECG staff:

Did you know who was who?:

Bedding:

Food and drink:

Privacy:

Locker space:

Toilets:

Bathrooms:

Other patients:

Noise:

Information:

Telephone/TV/radio/newspapers:

Timing of operation:

Preparations for your operation:

Going into the theatre:

In the operating theatre:

In the recovery room:

Coming back from theatre:

Intensive Care ward:

Recovery on the ward:

Pain control:

Sleeping:

Wound dressings:

Stitches, clips:

Progress reports:

Visiting hours:

Rest room:

Tablets, medicines, injections:

Going-home arrangements:

Out-patient follow up:

Anything else?

Please send this questionnaire to Mr M G Brown, Surgical Unit, Causeway Hospital, 4 Newbridge Road, Coleraine. BT52 1HS

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