

# **Cholecystectomy – Open +/- Exploration of Common Bile Duct**

## **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 which is connected with the tubing (bile ducts) that carries bile from the liver to the gut. Stones forming in the gallbladder often cause pain. If stones escape from the gallbladder they can block the bile ducts and cause pain, fever and yellow jaundice.

### **What does the operation consist of?**

A cut is made in the skin below the right ribs at the front. It is usually made in a skin crease across your tummy so that it hardly shows afterwards. The gallbladder and its stones are removed. X-rays are taken to show whether there are any stones in the bile ducts. If there are, they are removed. The exact procedure depends very much on the detailed findings at the time of the operation. The cut in the skin is then closed up. This is called a cholecystectomy (coaly-sist-eck-tummy).

### **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.

If there are stones in the bile ducts, it is often possible to clear them out from below. We can do this through a special flexible telescope you swallow. There may be no need to take out your gallbladder if this works.

Sometimes we can take out the gallbladder using a special key-hole method. In your case, this is not a good idea because of scars from earlier operations, late pregnancy, or very severe inflammation and history of yellow jaundice.

## **What happens before the operation?**

### **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, plus 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.

### **Timing of the operation**

The timing of your operation is usually arranged the day before. 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 24 hours after operation, but this passes off. You will be given some treatment for sickness if necessary.

You will have a drain tube in an arm vein. There will probably be a fine plastic tube coming out near the skin wound and possibly a fine plastic tube in your nose to drain your stomach.

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.

### **Will it hurt?**

The wound is painful and you will be given injections and later tablets to control this. Ask for more if the pain is still unpleasant.

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

The second day after operation you should be able to spend an hour or two out of bed.

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

### **Drinking and eating**

You should be able to drink the day after operation provided you are not feeling sick. Then the arm drip is removed.

Once you have passed wind downwards you should be able to take light foods. This is after 48 hours or so.

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, ask the nurses for a laxative.

## **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 wound has a dressing which may show some staining with old blood in the first 24 hours.. You can take the dressing off after 48 hours. There is no need for a dressing after this unless the wound is painful when rubbed by clothing.

There are stitches in the skin. The wound is held together by staples. These are removed 7 - 10 days after your operation.

A thin plastic drain tube is removed when it stops draining - usually after 48 hours.

If there is a thick tube, this means you have needed an additional procedure to get rid of misplaced stones. This drain is taken out after 3 or 4 days.

There may be some purple bruising around the wound 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. The cellulose varnish will peel off and can be assisted with nail varnish remover.

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 the wound area as soon as the dressing has been removed. Soap and tap water are entirely adequate. Salted water is not necessary.

## **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?**

If you have only had a gallbladder removal, plan to go home in 5 days after the operation.

If you have had more done (exploration of common bile duct), 10 days is a sensible time for planning.

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

You will be given an appointment to visit the Out Patient Department for a check up about two months after you leave hospital.

## **Sick notes**

Please ask the nurses for sick notes, certificates etc.

## **After you leave hospital**

You are likely to feel very tired and need rests 2 to 3 times a day for a week or more. You will gradually improve so that by the time 2 months has passed you will 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 3 weeks.

## **What about sex?**

You can restart sexual relations within 2 or 3 weeks when the wound is comfortable enough.

## **Work**

You should be able to return to a light job after about 4 weeks, and any heavy job within 8 weeks.

## **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.

Chest infections may arise, particularly in smokers. Co-operation with the physiotherapists to clear the air passages is important in preventing the condition. Do not smoke.

Occasionally leakage of bile from the drainage tubes is slow to stop. Patience is needed for a few days.

Rarely, all the stones cannot be removed. This would be discussed with you by the surgeon.

Wound infection is a rare problem and settles down with antibiotics in a week or two.

Aches and twinges may be felt in the wound 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 not be underestimated. Some patients are surprised how slowly they regain their normal stamina. However, virtually all patients are back doing their normal duties within 2 months.

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