

# Laparoscopic/Open Cholecystectomy

## Patient Information

Ward 3 Leigh Infirmary

Author ID: MTA/MF  
Leaflet Number: SW3 021  
Version: 4  
Name of Leaflet: Laparoscopic/Open Cholecystectomy (Ward 3, Leigh Infirmary)  
Last reviewed: February 2020  
Next Review Date: February 2022



This leaflet aims to give you information about your operation and your stay in hospital and advice for when you go home.

If there is anything you are worried about that is not covered in this leaflet, please feel free to speak to a member of staff.

## **About your operation**

Your gall bladder is situated in the right upper part of the abdomen and its purpose is to store bile which is produced by the liver and is released into the digestive system via bile ducts to help us digest fatty food. Sometimes stones form and can cause pain and inflammation in the gall bladder. If stones escape they can block the bile ducts and can cause pain, jaundice (yellowing of skin) and fever.

Laparoscopic cholecystectomy is the removal of the gall bladder via keyhole surgery. Four small puncture incisions are made into the abdominal wall, to insert a telescope and operating instruments. (Sometimes a fifth incision is necessary to complete the procedure). Because the incisions are so small, there is minimal scarring, less pain, faster recovery and reduced risk of infection than with open surgery.

## **Benefits of the operation**

This operation is being recommended because of disorders that you have had due to the presence of gallstones. The common ones include pain (biliary colic), inflammation of the gall bladder (cholecystitis), jaundice and inflammation of the pancreas gland (acute pancreatitis). By having surgery, it is expected that the symptoms will resolve and further complications from gallstones avoided.

## **Are there any risks/complications involved?**

As with any operation there are risks involved due to the type of surgery and anaesthetic risks. Gallbladder operations are no exception with complications arising in 5% of cases. They are usually mild and easily resolved.

The most serious include:

- Injury to the major bile duct and this occurs in 0.5% of cases. It may be recognised at the time of surgery and repaired or it may need corrective surgery later.

- Damage to bowel or surrounding structures may occur rarely.
- Retained stones in the common bile duct 1-5%.

Other complications include:

- Blood clots in the legs (deep vein thrombosis) or lungs (pulmonary thrombosis) pneumonia, heart attack or stroke.
- Bleeding, chronic pain, wound infection, hernia at the incision sites, numbness, scarring. Post-cholecystectomy syndrome which includes abdominal distension, chronic pain, diarrhoea which may occur in 2-5% patients.

## Alternatives

There is no non-surgical treatment that will help the body remove gallstones. Pain killers and antibiotics can treat the symptoms of some acute attacks and a few patients may have no further problems. However, the majority of patients will go on to suffer repeatedly. For those patients who have had acute pancreatitis due to gallstones, we would always recommend surgery.

## Open cholecystectomy

In about 2 to 5% of cases it is necessary to convert from keyhole surgery to an open cholecystectomy operation because of some difficulty in surgery.

The reason for this could be bleeding which needs controlling, or surrounding structures impeding the surgeon's field of vision. Open cholecystectomy is the removal of the gall bladder and stones through an incision below the right ribs on the front of the abdomen. Uncommonly, even after opening the abdomen the gall bladder cannot be removed in its entirety. Sometimes only stones are removed. This is to ensure your safety.

Risks/complications will all be explained to you when you sign your consent form. If you have any questions please do not hesitate to ask the nurses or doctors looking after you during your stay.

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

## Pre-operative Assessment Clinic

At the clinic you will be seen by a nurse who will complete a pre-operative screening assessment. This will include taking a nursing and anaesthetic history, organising investigations such as blood tests, ECG's and obtaining results of previous scans, x-rays etc.

The nurse will advise you about your particular operation. He/she will explain to you about the pre and post operative care.

## How long will I be in hospital?

Ward 3 is a day surgery ward with no overnight facilities. Your operation has been planned as a day case procedure which means that you will be able to come into hospital and be discharged later the same day. If you do not recover in time or, you have had a drain that cannot be removed or your operation has been converted to an open cholecystectomy you will not be able to go home and will need to be transferred to Royal Albert Edward Infirmary. After open surgery you may need to stay in hospital up to five days.

## Before you come into hospital

1. You will need to be fasted from food and fluids for six hours prior to your operation.
2. Please bath or shower. Please do not shave the operation site, as this will be done on admission prior to theatre.

## Admission to hospital

On arrival to hospital, you will need to book in at the admissions desk on the ground floor below Ward 3. You will then be directed to the ward; here you will meet your nurse and other members of the team who will be looking after you. The facilities and general routine of the ward will be explained to you.

## Getting ready for the operation

A nurse will admit you and check your notes to ensure that all your tests and investigation results are available. You will be asked to put on a theatre gown. A risk assessment to prevent blood clots medically termed Deep Vein Thrombosis (DVT) will be carried out. You will be measured for graduated compression stockings to help prevent a (DVT) and in some cases you may

be given a blood thinning injection called heparin. Your compression stockings will need to be worn until fully mobile.

Prior to theatre your surgeon will see you and you will be asked to sign a consent form if you have not already done so to say that you understand what you have come into hospital for and what the operation involves. If you have any questions, please ask.

The anaesthetist will give you your anaesthetic and look after you during the operation. You will be seen before the operation; details needed for the anaesthetist include any previous anaesthetic problems, any family problems with anaesthetic, any chest or heart conditions, any allergies and if you are a smoker.

**(Please note that you will be on a theatre list with several other patients, so be prepared for a wait).**

## Going to theatre

### The anaesthetic

In the anaesthetic room your anaesthetic will be administered via a needle in the back of your hand. You will breathe oxygen as you go to sleep. Once asleep you will be transferred to theatre, where your operation will take place.

### Recovery

Once your operation is complete you will wake up in the recovery suite where you will remain for a while before being transferred back to the ward. A nurse will monitor you closely checking your blood pressure, pulse, temperature, oxygen saturation level, wound, drains, and your pain control. You will have an oxygen mask in place and this will remain for a while. You will have a drip in your arm giving you fluid to prevent you becoming dehydrated. You will have appropriate pain control. When you are stable you will be transferred back to the ward, where you will be able to rest.

### Return to the Ward

Here the nurses will at first continue to monitor your progress very closely. They will regularly check your blood pressure, pulse, temperature, oxygen saturation level, wound, drains and your pain control.

## Will I be in pain?

Most people fear this. Shoulder pain is experienced by 10% of patients after a laparoscopic cholecystectomy, it usually subsides 24 hours post operatively.

The amount of discomfort people feel varies quite a lot. You will have been given strong pain killing drugs in theatre and local anaesthetic injection/block to the wound area. Your pain will be closely monitored to ensure that it is kept to a minimum. You will be offered and given pain relief, as appropriate. Injections may be given initially, then tablets later on. Please say if you are in pain. Some people feel methods of relaxation like listening to quiet music or “controlled” breathing also helps.

If you have to cough, support the wound by pressing on it with the flat of your hand.

## How long will I be kept in bed?

**Laparoscopic cholecystectomy:** After a period of rest the nurses will assist you to mobilize, generally about 2-4 hours after returning from theatre.

**Open cholecystectomy:** On the day of your operation you will be encouraged to sit up in bed as this will help your breathing. You are usually helped out of bed the morning after your operation. You will be encouraged to move and walk around the ward. Regular exercise will help to prevent stiffness, soreness and help your circulation. At first moving may be painful or uncomfortable, but this will lessen with time. Deep breathing exercises help you.

## When can I eat and drink?

**Keyhole surgery** – you will be allowed to drink and have a light meal the same day.

**Open surgery** – you will be allowed fluids and a light meal the same day, providing you do not feel sick.

After surgery most people will be aware that their pain has completely disappeared and they no longer need to avoid fatty foods.

## The wound

Sometimes a small drain is inserted near the wound as a precautionary measure to allow fluid to drain and for this to be monitored; this may be removed after 4 hours or left longer depending on the amount of fluid draining into the bag. If there is bile in the drain, the drain may need to stay in and further tests arranged.

Whilst in hospital, the nurse will check and change your dressings and she/he will check for any signs of infection. If you are concerned about your wounds, tell the nurse who is looking after you. Don't be tempted to remove your dressing, or touch your wound or wound drain. You could accidentally transfer germs from your fingers to your wound.

You may notice some swelling or bruising around your wound, this will settle over the next few days. It is essential that your wound remains clean and dry during the healing period therefore you need to leave the wound dressing in situ for at least 48 hours or longer if possible, to help to prevent a wound infection. Depending on the surgeon's preference you may have absorbable or non-absorbable stitches or clips. Absorbable stitches can be left and will fall out on their own. However, non-absorbable stitches and clips will need to be removed 10 to 14 days after surgery; this will be carried out by your District Nurse.

## Going home

You must make sure that an adult can take you home in a car or taxi. You will need to go home and rest. An adult must stay with you for the first 24 hours after your operation. Avoid alcohol for a minimum of 48 hours after surgery and whilst taking painkillers.

## When can I have a shower?

You can have a shower 48 hours after your operation; however, baths should be avoided to allow the wound to heal. Your waterproof wound dressings can be left in situ while showering, however if they do become wet they can be changed for clean ones. Pat the wound dry gently with a clean towel until the stitches or clips have been removed.

## What to look out for

It may be several hours before you pass water. If you have difficulty, particularly if your bladder feels uncomfortably full but you still cannot pass water, you should attend your local Accident and Emergency department.

You should not experience:

- Severe pain
- Nausea and vomiting
- Excessive bruising or persistent bleeding
- Fever or collapse.

If you do, please seek medical advice by contacting your G.P., or your local Accident & Emergency department. Royal Albert Edward Infirmary  
Telephone: **01942 244000**

You may also ring for advice by contacting one of the numbers below:  
Ward 3 – **01942 264260** or **264261**

Or the Surgical Care Practitioner Telephone: **01942 773077** or ring the switchboard **01942 244000** and ask for the Surgical Care Practitioner to be paged.

After hours district nursing service, available between 7.00pm to 7.30 am  
Mobile 07860794654, or answer phone 01942 481155

Infection can develop after you leave hospital. Some redness, swelling and bruising are to be expected after surgery, and should subside after a few days. However you may have an infection if you develop one or more of the following symptoms:

- The skin around your wound gets red or sore. It feels hot and swollen.
- Your wound has green or yellow coloured discharge(pus)
- You feel generally unwell or feverish, or you have a temperature.

**If you think you have signs of a wound infection, contact your G.P.**



## Smoking

Smoking has a tendency to make the blood more prone to forming clots. You will already have been advised to stop smoking prior to surgery. If you have not already done so and you wish to have access to stop smoking service, please ask the nurses.

## The first few days

Gently increase your activity over the first few days; little and often until you can do more each day.

You are encouraged to move and walk as this will help prevent stiffness, soreness and help with your circulation and minimize the risk of complications such as chest infection, deep vein blood clots and clots to the lungs. Take painkillers to ease any discomfort.

## When will my bowels be back to normal?

Your bowels should not be affected by your gall bladder surgery, however, if you feel you have a problem please discuss this with a nurse or doctor.

It is important to avoid constipation and straining after your operation, your bowels may be affected by your painkillers. To help prevent this drink plenty of fluids, water is especially good for you. Take plenty of fibre in your diet. If you are having difficulties use a mild laxative, e.g. Senokot or seek advice from your G.P.

## What about work?

You may be able to go back to work after two to six weeks depending on the type of surgery:

- Keyhole surgery, two to four weeks.
- Open surgery six weeks, depending on your type of job.

You should avoid heavy work or lifting for a few weeks after your operation.

## Sick notes

You will be issued with a sick note in the hospital if you require one. If you require a sick note please inform your nurse on admission. Continuing illness requires a sick note from your G.P.

## Driving

We suggest you check with your insurance company before you resume driving. Do not resume driving for a minimum of two weeks.

When you resume driving, make sure you can do an emergency stop without pain. We suggest you start with short local trips, gradually increasing the amount of driving you do.

## Sex

You should be able to resume sex after two weeks, depending on how you feel.

## Outpatient Clinic

An Outpatient follow up depends on individual circumstances and isn't routine. If you are not provided with an appointment and encounter any problems that you feel you need to see your surgeon about, please contact your G.P. or consultant's secretary for advice.

## District Nurse

The ward will provide you with a district nurse referral form and contact numbers so that you can arrange for a wound check as required and for removal of your stitches/clips, usually 10 to 14 days after your operation. If absorbable sutures have been used these do not need to be removed.

## General advice

In general, patients who have keyhole surgery recover more quickly than those who have had open surgery but do not underestimate your operation. You may feel tired or have a lack of stamina for one to two months. You may feel aches or twinges over the scar site for a few months.

## Conclusion

This leaflet does not cover everything. We hope you will find it useful however, and that it will help towards making your stay in hospital less worrying. Remember, try and read the leaflet a few times before you come in, and bring it with you on admission.

Don't forget ... If you have any questions, write them down.

## Contact Information

Day Surgery Ward 3  
Leigh Infirmary  
The Avenue  
Leigh  
WN7 1HS

**Monday to Thursday 7:30am to 8:30pm**

Telephone Ward 3: **01942 264260** or **264261**

**Please use this space to write notes/reminders.**

---

## Comments, Compliments or Complaints

The Patient Relations/Patient Advice and Liaison Service (PALS) Department provides confidential on the spot advice, information and support to patients, relatives, friends and carers.

## Contact Us

Tel: 01942 822376 (Monday to Friday 9am to 4pm)

The Patient Relations/PALS Manager  
Wrightington, Wigan and Leigh NHS Foundation Trust  
Royal Albert Edward Infirmary  
Wigan Lane  
Wigan WN1 2NN

---

## Ask 3 Questions

Become more involved in decisions about your healthcare. You may be asked to make choices about your treatment. To begin with, try to make sure you get the answers to three key questions:

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?



---

## How We Use Your Information

For details on how we collect, use and store the information we hold about you, please take a look at our “how we use your information” leaflet which can be found on the Trust website: [https://www.wwl.nhs.uk/patient\\_information/leaflets](https://www.wwl.nhs.uk/patient_information/leaflets)

---

This leaflet is also available in audio, large print, braille and other languages upon request. For more information please ask in department/ward.

---

© Wrightington, Wigan and Leigh NHS Foundation Trust  
All rights reserved. Not to be reproduced in whole or in part without the permission of the copyright owner

