Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Laparoscopic Open Cholecystectomy v7

Version number: **7**
Last modified date: **12th November 2026**

Laparoscopic/Open Cholecystectomy

Patient Information

Surgery Division

- Author ID: MW
- Leaflet ref: Surg 024
- Version: 7
- Leaflet title: Laparoscopic/Open Cholecystectomy
- Last review: May 2024
- Expiry Date: May 2026

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

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, and faster recovery and reduced risk of infection, than with open surgery.

In about 5% of cases, it is necessary to convert from keyhole surgery to an open cholecystectomy operation because of some difficulty. 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. Sometimes open surgery may be the preferred choice instead of keyhole, usually when patients have had previous abdominal surgery or have some pre-existing medical condition.

Sometimes a small drain is inserted as a precautionary measure to monitor excess fluid loss; this may be removed after 4 hours or left longer, depending on the amount of excess fluid draining into the bag.

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.

Alternatives

There is no effective medical treatment that will rid the body of gallstones. Pain killers and antibiotics can treat the symptoms of some acute attacks and a few patients will be lucky enough to 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.

Complications

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.

Other complications include accidental damage to bowel or surrounding structures, even though it’s rare.

Bleeding retained stones in the common bile duct, wound infection, hernia at the incision sites and anaesthetic risks.

These 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.

Pre-operative assessment clinic

At the clinic you will be seen by a nurse who will complete a preoperative screening assessment. This will include taking a nursing history, anaesthetic history, risk assessment to prevent blood clots medically termed as Deep Vein Thrombosis, (DVT), organising of blood tests, ECG's and obtaining results of previous scans, x-rays etc.

The nurse will advise you about your operation. The nurse will explain to you about the pre and post operative care and what to expect on the ward before your operation; what will happen when you are transferred to theatre and what to expect post operatively, e.g. oxygen therapy, pain relief, intravenous infusion (drip), drains, and when you can start fluids and diet.

You will be advised to leave valuables at home. You may be seen by a doctor in the clinic, if this does not occur you will be assessed on the ward when you are admitted. The doctor will take a medical history, complete a physical examination, and complete your consent to operation with you. If you are taking medication, please bring these with you to the clinic and to the hospital when you are admitted.

Admission to hospital

You will need to book in at the Admissions desk prior to making your way up to the ward. On arrival to the ward a Nurse will check your details with you and give you an armband with your district number, name, date of birth and ward.

The nurse will check your notes to ensure all your tests and investigation results are available. You will be measured for graduated compression stockings (GCS) to help to prevent a deep vein thrombosis (DVT). These stockings will need to be worn, until fully ambulant.

People who will see you:

The surgeon

Your Consultant, or a Doctor who works with their team will see you, who will explain the procedure, so you can give informed consent as well as explaining any complications that may arise including prescribing antibiotics if needed and the reasons why. You will receive a copy of the consent form.

The anaesthetist

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.

Preparing for your operation

Depending on your fitness you may be admitted on the day of surgery or the day before your operation. You will need to be fasted from food and fluids for 6 hours prior to your

operation. On the morning of your operation day, before you come in you will need to take a shower or bath, to prevent wound infection. Sometimes the abdomen may need to be shaved. This will be carried out either on the ward just before going to theatre or in the operating room. You will be asked to remove any jewellery except wedding ring (tape will be placed over this). Other jewellery can be safely stored for you and returned later. It is preferred though if you do not bring excessive jewellery into hospital. If necessary, you will be assisted to remove any false prosthesis. If you have a hearing aid or wear glasses, they may be worn until you get to theatre, if it helps you. Then they will be stored safely and returned immediately after your operation.

A nurse will check that you have a wristband on with your name, ward, and District Number. The District Number is your unique personal number. It is a safety feature. A nurse will make sure all your documentation and test results are in order and ready. A special checklist is used to ensure nothing is overlooked. You will be asked the same questions by several staff throughout your journey, these are all safety measures and a requirement whilst an inpatient. It is difficult to give an exact time for an operation to be performed. Many factors are involved. The staff on the ward may be able to indicate roughly when your operation will be, but this may alter. Please be assured every effort is made to reduce the time you must wait on the ward once you are ready. Some find listening to music or reading relaxing. Others feel better talking to staff or patients. If you give some thought to how you may feel on this day, it may help you feel less nervous.

Going to theatre

You will be transferred to theatre walking accompanied by a ward nurse or on a theatre trolley accompanied by a theatre assistant. Your anaesthetic checklist will be completed, and this will be checked by a theatre practitioner in the anaesthetic reception.

The anaesthetic

In the anaesthetic room your anaesthetic will be administered via a needle in the back of your hand. Three sticky dots will be placed on your chest to check your heart tracing. 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 (if applicable) and your pain control.

Will I be in pain?

The amount of discomfort people feel varies quite a lot. Shoulder pain is sometimes experienced after a laparoscopic cholecystectomy, this is a result of the gases used during this procedure and it usually subsides approximately 24 hours post op. Your pain level will continuously be managed throughout your stay with us in hospital and treated appropriately. On discharge you may or may not be discharged home with analgesia therefore we do advise to obtain your own supply.

.

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.

When will the drain be removed?

After a laparoscopic cholecystectomy, if a drain is inserted, it maybe removed after four hours or left longer depending on the amount of much fluid is draining, for up to 24 – 48 hours.

For open surgery the drain may stay in longer. If there is bile in the drain, the drain may need to stay in and further tests arranged.

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.

When can I have a shower?

You will be advised on discharge by the nurse attending to your care how soon you can have a shower, However, baths should be avoided completely until the wound

site has fully healed. The 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.

When will I go home?

After keyhole surgery you may go home the same day depending on your fitness after your operation and time of day. After open surgery you may need to stay in hospital until deemed fit for discharge by the surgical team.

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 6-8 weeks after your operation.

Sick notes

Sick notes can be issued if required, please request one during your admission if this is something you need to obtain. 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 to three 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.

Outpatient Clinic

An Outpatient follow up depends on individual circumstances and isn't routine.

District Nurse

On discharge you will be given a discharge pack containing all the information you require for your recovery including wound advice. You will be given a self-referral form for a district nurse for wound care and advice if required or removal of sutures if required. You will be advised how to access this on the day prior to discharge. all Wound monitoring

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:

Signs are:

- 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.

Contact information

If you wish to speak to someone about your operation, please phone the following numbers:

Ward 3 – 01942 264260 (Mon – Friday 07:30 – 20:30)

Surgical ambulatory emergency care (SAEC) – (8:00-16:00 7 days a week)



Version number: **7**
Last modified date: **12th November 2026**

All rights reserved © 2026
WWL Teaching Hospitals NHS Foundation Trust