Gallstones and Cholecystectomy

Patient education

Stones in the gallbladder are very common, and surgery is often advised for this problem. Cholecystectomy is surgical removal of the gallbladder. If you or someone close to you has gallstones, this booklet is for you.

This booklet has been prepared to tell you about gallstones and the treatment options available

Common diagnostic tests

Ultrasound - This is the most common test to check for gallstones. You may be asked not to eat for 8 hours before the test.

Routine Blood tests - Including liver function tests.

Magnetic Resonance Cholangio-pancreatography (MRCP) - Magnetic resonance

The gas is released and the sites are closed with sutures, metal clips called staples, or steristrips. Your surgeon may start with a laparoscopic technique and need to change to an open technique. The procedure takes roughly an hour. Most patients can go home the same day, others require an overnight stay.

Open cholecystectomy

When it is not possible to perform the operation by keyhole surgery, an incision is made under the rib cage in the upper right side which is usually 10-15 cm (4-6 inches) long. The gallbladder can then be identified and removed from underneath the liver. A drain may be inserted to ensure that no fluid collects inside the abdomen. The drain is usually removed in the hospital during the first 24 hours after the operation. Most patients stay in hospital a for a few (3-5) days.

Procedure Options

An X-ray of the bile ducts during surgery *(cholangiogram)* may occasionally be necessary during the operation. This is to help identify the correct anatomy or to assess for stones in the bile ducts.

Procedures may be done to remove gallstones from the common bile duct. Laparoscopic (or open) common bile duct stone extraction is performed with insertion of special instruments into the abdomen similar to laparoscopic cholecystectomy. The bile duct is entered, and stones are removed directly or with a wire basket or balloon.

Non-surgical treatment

Watchful Waiting (Conservative Management)

If gallstones are seen on your ultrasound but you do not have symptoms, watchful waiting is recommended. Improving your diet and doing more exercise may help reduce the chance of problems occurring.

Gallbladder Polyps are sometimes seen on scans and may also require laparoscopic surgery or annual surveillance. This should be discussed with your surgeon.

Keeping you informed

What are the benefits of keyhole surgery?

- Reduced pain and ease of recovery after surgery.
- Less pain medication required.
- Shorter hospital stay.
- Earlier return to full activity and work.
- Less visible abdominal scars.

According to a National review, the total conversion rate is about 5%.

The conversion rate in the Exeter Upper GI Service is about 1-2%.

- The need to convert from a laparoscopic to an open procedure can increase significantly if you are over 65 years, are male, have a history of acute cholecystitis, past abdominal operations, high fever, high bilirubin, repeated gallbladder attacks, and diseases that limit your activity.

What about the anaesthetic?

Both types of cholecystectomy are performed under a general anaesthetic. The anaesthetic usually started by giving an injection into the arm. The operation usually takes about one hour and the surgeon will often inject some long-lasting anaesthetic into the incision sites to try and make you as comfortable as possible afterwards.

You will be advised clearly about having no food for about 6 hours before the operation, and nothing to drink for 2 or 3 hours beforehand. After the operation you can get up as soon as you feel able: a nurse will be sure you can manage when you first get up.

The risks of a general anaesthetic

General anaesthetics have some risks, which may be increased if you have chronic medical conditions, but in general they are as follows:

- **Common temporary side-effects** (risk of 1 in 10 to 1 in 100) include bruising or pain in the area of injection, blurred vision and sickness (these can usually be treated and pass off quickly).

Infrequent complications (risk of 1 in 100 to 1 in 10,000) include temporary breathing difficulties, muscle pains, headaches, damage to teeth, lip or tongue, sore throat and temporary difficulty speaking.

Extremely rare and serious complications

Specific complications

Preparation for your operation

Preparing for your operation

You will usually have a routine pre-operative assessment carried out by a specialist nurse who may take advice from your surgeon or an anaesthetist. Remind them about other medical problems that you may have, and bring a list of all the medications you are taking.

Take your morning medication with a sip of water. If you are taking blood thinners, your surgeon will probably have requested you stop taking these a few days beforehand.

Home preparation

You can often go home the same day after laparoscopic procedure. Your hospital stay will be

Wound care

You can bathe or shower, but keep the wounds dry for about 5-7 days. It is probably wise to avoid swimming until the wound is sound and dry – about 10-14 days after the operation.

A small amount of drainage from the incision is normal. If the drainage is thick and yellow or the side is red, you may have an infection so call your surgeon or GP.

Protect the new skin, especially from the sun. The sun can burn and cause darker scarring.

Your scar will heal in about 4-6 weeks and will become softer and continue to fade over the next year. Keep the wound site out of the sun or use sunscreen. Normal sensation around your incision will return in a few weeks or month.

Nutrition

When you wake up, you will be able to drink small amounts of liquid. If you are not feeling sick, you can begin eating regular foods. Continue to drink plenty of fluids.

Activity

Slowly increase any activities, and work your way back to full fitness. Violent or contact sports are best avoided for at least a month.

Do not lift or participate in strenuous activity for 3-5 days after a laparoscopic and 6 weeks after an open procedure.

Avoid driving until your pain is under control without narcotics (5-7 days).

You can have sex when you feel ready, usually after your sutures or staples are removed.

You can return to work as soon as you feel comfortable enough to manage your job. If you need to drive yourself, or spend all day on your feet, then you are unlikely to getIpj0 iso.9(e unlikely to getIpj0 iso.9(e 2 1 .aork as soYe scan rtTj0 -1.2

Further information

Royal Devon and Exeter Hospital: **01392 411611**

Day case unit: **01392 403532**

Pre-assessment clinic: **01392 405300**

Trainee Surgical Care Practitioner ..... **07786 275119 (Roberto Presa)**

Upper GI team secretaries ..... **01392 406296 (Mr Wajed)**
..... **01392 402689 (Mr Manzelli)**
..... **01392 406296 (Mr Di Mauro)**
..... **01392 402689 (Mr Reece-Smith)**

Useful websites for further information

www.gastro.org/clinicalRes/brochures/gallstones.html
The American Gastroenterology Association provides general information about gallstones.

www.nim.nih.gov/medlineplus/tutorials/cholecystectomy.html
The National Institutes of Health provide a colourful site that explains all you need to know about your operation.

www.nhsdirect.nhs.uk
The NHSDirect encyclopaedia with information on all aspects of gallstones and their treatment.

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