

Open Cholecystectomy

Patient information sheet

What is a gall bladder and why should it be removed?

The gall bladder is a small pear-shaped organ resting under your liver (under your right ribs). The gall bladder collects and stores bile (digestive juices) produced by the liver. The gall bladder is usually removed if it contains gallstones that can cause problems. The symptoms of gallstones include recurring pain, inflammation and indigestion. Removal of the gall bladder does not usually harm the digestive system and digestive juices will continue to flow through the bile ducts.

Generally once the gall bladder is removed the symptoms you have had should resolve. In some instances they carry on for a short time and then get better. In other cases some symptoms may be due to other conditions (not caused by the gallstones). If you continue to have symptoms you should discuss this with your consultant or GP.

What is a Cholecystectomy?

Cholecystectomy is the medical term for removal of the gall bladder. An open cholecystectomy is surgery in which the abdomen is opened to remove the gallbladder. This will require a 10 – 15 cm incision in your abdomen. This will mean a hospital stay of several days (on average between two-seven days).

What are the benefits?

The main benefits are relief from the recurring pain and infections caused by a diseased gallbladder.

Are there any alternatives?

One alternative to an open cholecystectomy would be keyhole surgery, which is performed through several small incisions. This procedure is most commonly used but is not suitable for all people as previous operations to the abdomen may make it difficult to perform keyhole surgery. Your consultant will advise you which procedure is the best for you.

What are the risks?

All surgery has some risks, and complications occur in about five in 100 cases. Most complications are mild and easily resolved specific risks of open cholecystectomy are:

- Injury to the bile ducts (the passages carrying digestive juices). You may need further treatment for example if there is a small leak or any minor damage then you may need an ERCP (a procedure that allows the doctor to take detailed x-rays of the bile duct and pancreas). If there has been some major damage it may be necessary to have corrective surgery if severe injury
- Injury to the intestine (bowel) or other internal organs
- Injury to blood vessels causing internal bleeding.

Injuries to these structures are rare occurring in six in 1000 cases. This may require corrective action or further surgery; this will be discussed with you in more detail when you see the consultant.

Risks of surgery are:

- Wound infection
- Deep vein thrombosis (blood clots in the legs)
- Pulmonary embolism (blood clots in the lungs)
- Rarely a hernia (a lump or bulge) may develop around one of the wound sites. This is caused by a weakness of the abdominal muscles and may require corrective surgery.
- Very rarely, severe complications may result in death during or after the operation.

Whilst most of these complications are immediately obvious and can be corrected straightaway, some may not appear for a few days. There is an increased risk of complications following surgery if you are overweight or if you smoke.

The risks of surgery are assessed on an individual basis, as they can vary depending if you have any underlying health issues. Please discuss this with your consultant.

How long will I be in hospital?

This will be decided when you come to hospital before your operation to be assessed. You would normally come into hospital on the day of your surgery and have a stay of around two-seven days in hospital.

What happens before the operation?

Before being admitted for your operation, you will need to have a pre-operative assessment. The pre-operative assessment nurses will help you with any worries or concerns that you have and will give you advice on any preparation needed for your surgery. Before your date of admission to hospital, please read very closely the instructions given to you. You will be given specific instructions about when to stop eating and drinking, please follow these carefully as otherwise this may pose an anaesthetic risk and we may have to cancel your surgery. You should bath or shower before coming to hospital.

On admission a member of the nursing staff will welcome you. The nurses will look after you and answer any questions you may have. You will be asked to change into a theatre gown. To reduce the risk of blood clots you will be assessed as to whether you will need to be given a blood thinning injection and/or some special socks to wear. The surgeon and anaesthetist will visit you and answer any questions that you have. You will be asked to sign a consent

form. A nurse will go with you to the anaesthetic room and stay with you until you are asleep. A cuff will be put on your arm, some leads placed on your chest, and a clip attached to your finger. This will allow the anaesthetist to check your heart rate, blood pressure and oxygen levels during the operation. A small plastic tube will be put in the back of your hand using a needle. This will be used to give you the medication to send you off to sleep.

What happens after the operation?

When you wake up a drip (a tube attached to a bag of fluid) may be connected to your arm. This will be removed when you are drinking well. A drain (a tube to remove fluids from the abdominal cavity) may be placed in your abdomen. This will usually be removed within two-five days. Your blood pressure, pulse and wounds will be monitored closely over the first few hours. You will normally be able to start drinking shortly after the procedure, and can start eating as soon as you are hungry. You will be assisted by the nursing staff to get out of bed the day after your surgery to encourage mobility. You may experience some pain from your wound. If you do, the nurses will give you painkillers. Before your discharge you will be given a supply of painkillers, dressings and post-operative instructions. Your GP will be notified of your discharge. A hospital follow-up appointment will be arranged for you.

How long will it take to recover from the anaesthetic?

Whilst most of the effects of anaesthesia wear off in a few hours, it is common to have poor concentration and memory for the first day or so. It is important therefore that you do not make important decisions, sign legal documents or operate machinery or equipment for at least 24 hours after the anaesthetic. Muscle aches or headaches may also be experienced over the first few days.

How much pain should I expect?

It is normal to have wound pain after surgery and your tummy may feel quite bloated and tender. This should start to settle after a few days. After about 10 days most of the soreness should disappear. You may also notice that you have a slightly sore throat. This is due to the "breathing" tube placed in your throat during surgery and should subside in a day or so. To minimise discomfort you should take the painkillers that you have been given, regularly over the first few days (ensuring that you do not exceed the dose prescribed). After your discharge, if you have any queries or problems with your painkillers you can seek advice from your local GP or chemist.

What daily activities can I do?

You can return to normal physical and sexual activities when you feel comfortable. It is normal to feel tired after surgery, so take some rest, two or three times a day, and try to get a good night's sleep. After a week or so, you should be able to resume most of your normal daily activities. You should avoid heavy lifting and vigorous exercises for at least six weeks.

When can I start driving?

You should not drive for four to six weeks. Before driving you should ensure that you can perform a full emergency stop, have the strength and capability to control the car, and be

able to respond quickly to any situation that may occur. Please be aware that driving whilst unfit may invalidate your insurance.

When can I return to work?

You can return to work as soon as you feel well enough. This will depend on how you are feeling and the type of work that you do. If you have a desk job you may feel ready to return to work earlier. If you are involved in manual labour or heavy lifting you may require a bit more time. Typically, you will need six weeks off work.

What can I eat?

There are no dietary restrictions after removal of the gall bladder and you may resume a normal diet as soon as you are hungry. It would be wise to avoid eating fatty food (e.g. cheese, full fat milk, cream, fried foods) for the first week or so, we would encourage eating a healthy well balanced diet at all times. It may take a few days before your appetite returns. When you feel hungry start with light frequent meals and then increase at your own pace.

Will I feel sick after surgery?

Nausea and vomiting are not unusual after surgery, we endeavor to keep this at a minimum, medication can be used during the anaesthetic and after to control this. Take extra rest and try to drink something regularly. If you can tolerate food, take small frequent snacks.

When will my bowel movements return to normal?

You may find it takes three or four days to have a normal movement. If you have not had a bowel movement three days after surgery, a mild laxative should help. If you do not have any laxatives at home your local chemist will be able to advise you. Alternatively, you may experience some diarrhoea after surgery. This should settle within three or four weeks. If the diarrhoea is troublesome your local chemist can advise you on over-the-counter remedies. Remember to drink plenty of fluids so that you don't get dehydrated.

How do I care for my wounds?

You will have a dressing in place after your surgery, which would most commonly be left in place for 24- 48 hours after your operation to prevent infection; the nursing staff will change your dressing earlier if it is excessively soiled. You will be encouraged to get up and mobilise and take a shower the day after your operation, your dressing will be water proof so you will be safe to do so. There is no need to apply further plasters unless you feel it would be more comfortable to do so. You may notice a few small white tapes (called steri-strips) over the operation site. These will usually fall off within a week or so. If any are still in place after a week you can gently remove them. The incision will usually be closed with dissolvable stitches. If removable stitches are used, the ward nurses will arrange for you to go to the practice nurse at your GP surgery to remove them. The incision will probably be red and uncomfortable for one-two weeks and some bruising and swelling is common. After the incision has healed there will be a scar like scratch. The scar will first appear pink, but over the next few months it will become less noticeable. There may be some persistent bumpiness and bruising around the wound, but it will gradually improve. You may also notice numb

patches in the skin around the incision. Whilst in most cases sensation will gradually return, occasionally the numbness may be permanent. Occasional aches and twinges in the wound can persist for several months. Rarely, a wound infection may develop during the first few weeks after surgery. Symptoms include increasing tenderness, pus-like discharge, swelling and redness of the wounds. If this occurs, visit your GP as you may need some antibiotics to resolve the infection and discomfort.

When should I seek help?

- If you have a discharge of blood or pus coming from your wound.
- If you develop a fever above 101° F (38.5 ° C)
- Vomiting that continues more than three days after surgery
- Inability to have a bowel movement after four days.
- Persistent pain not relieved with your prescribed painkillers.
- Persistent abdominal distension (bloating of your tummy).
- Increasing pain or swelling around your wounds.
- Jaundice (yellowing of the eyes or skin)

Where should I seek advice or help?

Telephone numbers	
Level 2, North East NHS Surgery Centre, Queen Elizabeth Hospital	0191 445 3005
Main switchboard	0191 482 0000

The Patient Advice and Liaison Service (PALS) can provide help, advice and support to patients, relatives or carers who have any questions or concerns regarding their health care. PALS are unable to give medical advice. You can contact PALS on free phone 0800 953 0667. Monday - Friday, 9.00am 5.00pm. An answer phone is available outside of these hours and calls will be returned the next working day.

Data Protection

Any personal information is kept confidential. There may be occasions where your information needs to be shared with other care professionals to ensure you receive the best care possible. In order to assist us improve the services available your information may be used for clinical audit, research, teaching and anonymised for National NHS Reviews. Further information is available in the leaflet Disclosure of Confidential Information IL137, via Gateshead Health NHS Foundation Trust website or the PALS Service

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