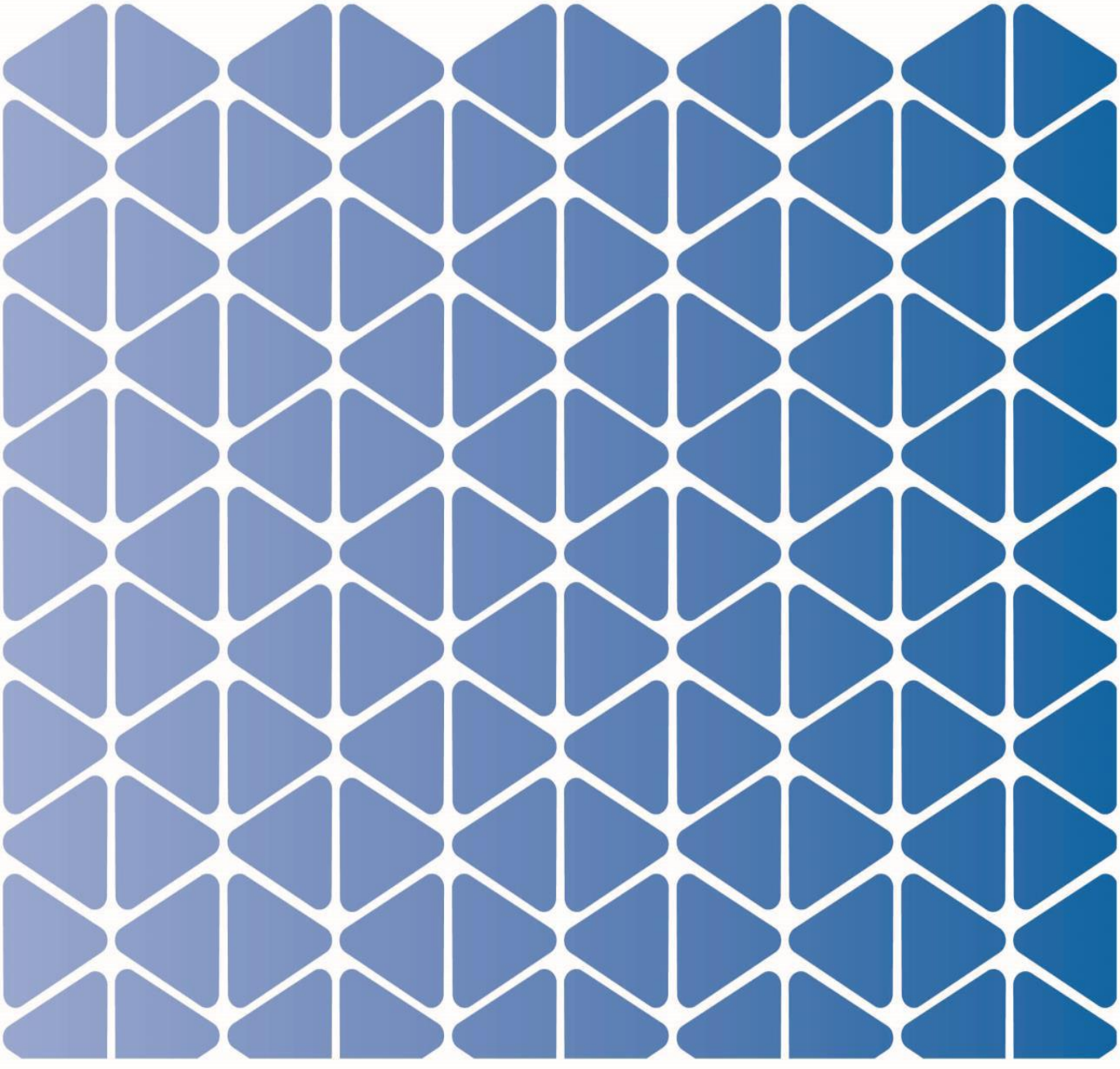
NHS
Worcestershire Acute Hospitals NHS Trust

PATIENT INFORMATION SHEET

Laparoscopic cholecystectomy



Laparoscopic cholecystectomy

Introduction:

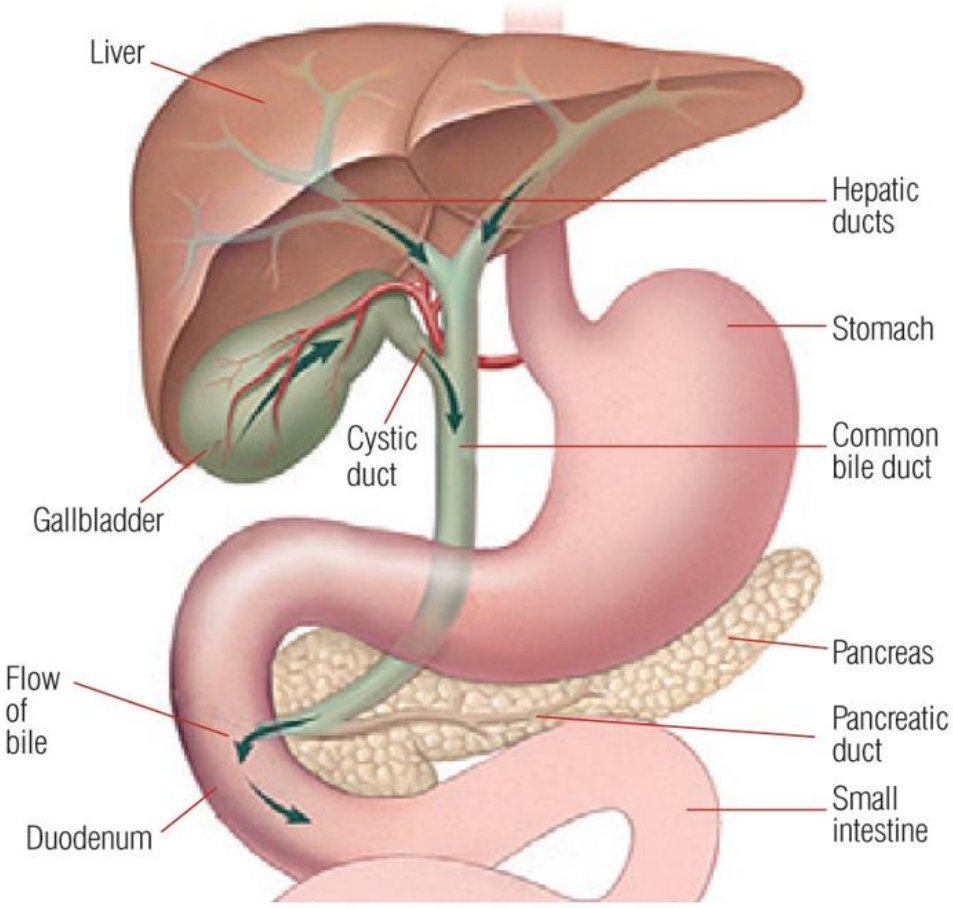
Dear Patient,

Welcome to our patient information sheet for laparoscopic cholecystectomy, a surgical procedure commonly performed to remove the gallbladder. The gallbladder is a small organ located beneath the liver and is responsible for storing bile, a digestive fluid produced by the liver. Its primary function is to aid in the digestion of fats.

Indications for gallbladder removal include:

- Gallstones causing symptoms such as abdominal pain, nausea, and vomiting.
- Complications of gallstones, such as inflammation of the gallbladder (cholecystitis), gallbladder infection (cholecystitis), or obstruction of the bile ducts.
- Non-functioning or dysfunctional gallbladder.

In the diagram below, you can see the anatomical relations between the gallbladder, liver, common bile duct, pancreas, stomach, and duodenum:



In this information sheet, we will provide you with an overview of the laparoscopic cholecystectomy procedure, its benefits, and what to expect before, during, and after the surgery. We hope this information will help you feel informed and prepared as you consider this treatment option.

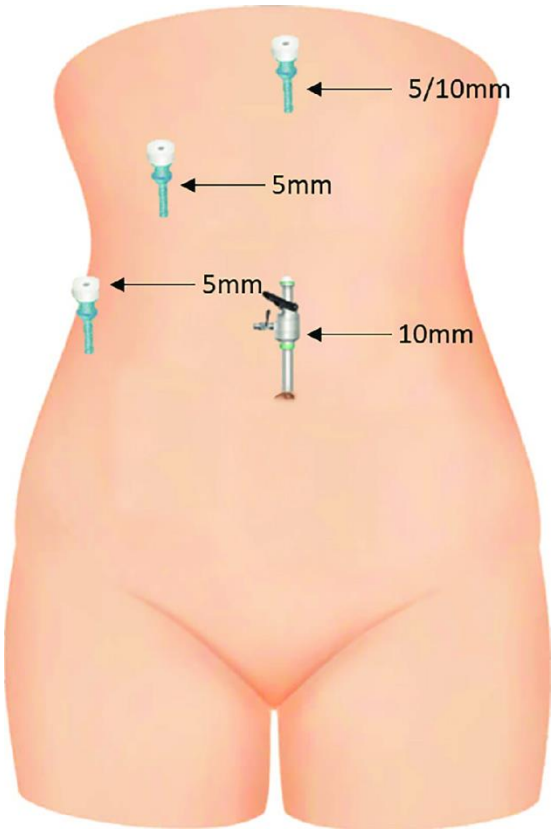
Procedure Overview:

During a laparoscopic cholecystectomy:

- Small incisions are made in the abdomen.
- A laparoscope (a thin, flexible tube with a camera) and surgical instruments are inserted through the incisions.
- The surgeon removes the gallbladder using specialized instruments.
- The incisions are closed with stitches or surgical tape.

Benefits of laparoscopic cholecystectomy include:

- Smaller incisions, leading to less pain and scarring.
- Shorter recovery time compared to traditional open surgery.
- Reduced risk of complications such as infection and bleeding.



Preparation:

Before your laparoscopic cholecystectomy procedure, it's important to follow these preparation guidelines:

1. Fasting:
You may be instructed to fast for a certain period before the procedure, typically starting the night before. This helps reduce the risk of complications during surgery.

2. Medication Adjustments:
Follow any medication adjustments or preoperative instructions provided by your healthcare provider. This may include stopping certain medications temporarily or adjusting the dosage.

3. Arrangements:
plan for transportation to and from the hospital or surgical center on the day of the procedure. You will not be able to drive yourself home after receiving anesthesia.

4. Medical History:
Inform your healthcare provider about any medical conditions you have, medications you are taking, and allergies you may have. This information will help ensure your safety during the procedure.

Procedure Details:

1. Anesthesia:
Before the procedure, you will be given general anesthesia to ensure you are asleep and pain-free during the surgery. The anesthesia team will monitor you closely throughout the procedure to ensure your safety.

2. Incisions:
Small incisions, typically 0.5 to 1.5 centimeters in length, are made in the abdomen. These incisions allow the surgeon to insert instruments and a laparoscope (a thin, flexible tube with a camera) into the abdominal cavity.

3. Port Placement:
Ports (small tubes) are inserted through the incisions, allowing the surgeon to pass surgical instruments and the laparoscope into the abdomen. Carbon dioxide gas may be used to inflate the abdomen, providing space for the surgeon to work.

4. Visualization:

The laparoscope provides a magnified view of the abdominal organs on a monitor, allowing the surgeon to see inside the abdomen without making a large incision. This provides clear visualization of the gallbladder and surrounding structures.

5. Gallbladder Dissection and Removal:

Using specialized instruments, the surgeon carefully dissects the gallbladder from its attachments to the liver and surrounding tissues. Once the gallbladder is freed, it is removed from the abdomen through one of the incisions.

6. Closure:

Once the gallbladder is removed, the incisions are closed with stitches or surgical tape. In some cases, absorbable stitches may be used, which do not need to be removed.

Recovery:

After your laparoscopic cholecystectomy procedure, it's important to take good care of yourself to ensure proper healing and recovery. Here's what you can expect:

1. Wound Care:

Keep the incision sites clean and dry. You may shower after the first 48 hours, but avoid soaking in a bath or swimming pool until your incisions have fully healed. Follow any specific wound care instructions provided by your healthcare provider. This may include changing dressings or applying antibiotic ointment.

2. Diet:
    a. Initially, you may be advised to follow a clear liquid diet for the first 24 hours after surgery. This can help reduce nausea and bloating.
    b. Gradually progress to a full liquid diet, including broths, soups, and juices.
    c. Advance to a soft diet as tolerated, including mashed potatoes, yogurt, and cooked vegetables.
    d. Avoid fatty or greasy foods initially, as these can be harder to digest and may cause discomfort.
    e. As you progress, gradually reintroduce solid foods into your diet. Start with bland, low-fat options such as toast, crackers, and rice.
    f. Drink plenty of fluids to stay hydrated, but avoid alcohol and caffeinated beverages, as these can irritate the digestive system.

3. Activity:
    a. Initially, you may feel fatigued and experience some discomfort or pain around the incision sites. This is normal and should improve with time.
    b. It's important to move around and walk gently as tolerated to prevent blood clots and promote circulation. Start with short walks and gradually increase your activity level as you feel able.
    c. Avoid strenuous activities, heavy lifting, and vigorous exercise for the first few days after surgery. Listen to your body and rest as needed.
    d. If you have a physically demanding job, you may need to take more time off work to allow for proper healing. Follow any restrictions on lifting and activity provided by your healthcare provider.

4. Pain Management:
    a. You may experience some pain or discomfort after the procedure. Take any prescribed pain medication as directed by your healthcare provider.
    b. Over-the-counter pain relievers such as Paracetamol or Codeine may also help relieve mild to moderate pain.

5. Long-term Consequences:
    a. While laparoscopic cholecystectomy is generally safe and effective for treating gallbladder problems, there can be long-term consequences.
    b. Some patients may experience changes in bowel habits, such as diarrhea or constipation, especially after consuming fatty foods.
    c. Without the gallbladder to store and concentrate bile, bile may flow more continuously into the digestive tract, leading to digestive discomfort or intolerance to certain foods.
    d. In rare cases, some patients may develop a condition known as post cholecystectomy syndrome, characterized by persistent abdominal pain, bloating, or diarrhea after gallbladder removal.
    e. It's important to discuss any concerns or symptoms you experience with your healthcare provider, as they can provide guidance and support to help manage these issues.

6. Returning to Work:
    a. The timing of your return to work will depend on the nature of your job and how you are feeling. Desk-based jobs may allow for a quicker return, while jobs that involve heavy lifting or physical exertion may require more time off.
    b. Discuss your return to work plan with your healthcare provider and employer to ensure you have adequate time to recover before resuming your normal duties.

Risks and complications:

While laparoscopic cholecystectomy is generally considered safe, there are potential risks and complications associated with the procedure. These include:

1. Infection:
There is a risk of infection at the incision sites or within the abdomen. The incidence of surgical site infections is approximately 1-2%.

2. Bleeding:
Bleeding can occur during or after the surgery, leading to complications such as hematoma or hemorrhage. The risk of significant bleeding is less than 1%.

3. Injury to Surrounding Organs:
During the procedure, there is a small risk of injury to nearby organs such as the bile duct, liver, or intestines. The incidence of bile duct injury is less than 0.5%.

4. Bile Leakage:
In some cases, bile may leak from the bile ducts or surgical site, leading to complications such as bile peritonitis or abscess formation. The risk of bile leakage is less than 1%.

5. Pancreatitis:
Inflammation of the pancreas, known as pancreatitis, can occur as a complication of the procedure. The incidence of postoperative pancreatitis is less than 1%.

6. Jaundice:
Yellowing of the skin and eyes, known as jaundice, can occur due to obstruction of the bile ducts or other complications. The incidence of postoperative jaundice is less than 1%.

7. Damage to Common Bile Duct:
There is a risk of injury to the common bile duct during the procedure, which can lead to bile duct stricture or obstruction. The incidence of common bile duct injury is less than 0.5%.

When to seek medical advice:

After your laparoscopic cholecystectomy procedure, it's important to be aware of potential complications and to seek medical advice if you experience any of the following symptoms:

1. Severe or Persistent Pain:
If you experience severe or persistent abdominal pain that is not relieved by medication, this could indicate a complication such as bile leakage, pancreatitis, or infection.

2. Fever:
A fever of (38°C) or higher may indicate an infection, such as a surgical site infectin or systemic infection.

3. Jaundice:
Yellowing of the skin or eyes, dark urine, or pale stools may indicate a problem with bile flow or liver function and should be evaluated by a healthcare provider.

4. Persistent Nausea or Vomiting:
If you are unable to tolerate fluids or cannot keep food down for more than 24 hours, this could indicate a complication such as bowel obstruction or ileus.

5. Difficulty Breathing:
If you experience shortness of breath, chest pain, or difficulty breathing, seek medical attention immediately, as these symptoms could indicate a serious complication such as a blood clot in the lungs.

6. Signs of Infection:
If you notice redness, swelling, warmth, or drainage at the incision sites, this could indicate a surgical site infection and should be evaluated by a healthcare provider.

7. Changes in Bowel Habits:
Persistent diarrhea, constipation, or changes in bowel habits may indicate a problem with digestion or bile flow and should be discussed with your healthcare provider.

What will happen next?

One of our staff will contact you to let you know about the clinic appointment which will be either telephone consultation or face to face appointment.

During the appointment, the surgeon will go through the consent process with you. After the consultation you will be contacted by a member of staff to let you know when is the pre-operative assessment or date of surgery will be.

Contact Information:

For any questions or concerns regarding your laparoscopic cholecystectomy procedure, please contact:

Carys Hodson
General surgery ACP,

General surgery department
Worcestershire acute Hospitals NHS Trust
Charles Hasting Way
Worcester, WR5 1DD
Email Address: carys.hodson1@nhs.net

Our administrative staff is available to assist you with scheduling appointments, answering questions about your procedure, and providing support throughout your recovery process. Please don't hesitate to reach out if you need assistance or have any concerns.

If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.

Patient Experience

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PALS@nhs.net

Opening times:

The PALS telephone lines are open Monday to Friday from 8.30am to 4.00pm. Please be aware that you may need to leave a voicemail message, but we aim to return your call within one working day.

If you are unable to understand this leaflet, please communicate with a member of staff.