

Gallbladder surgery



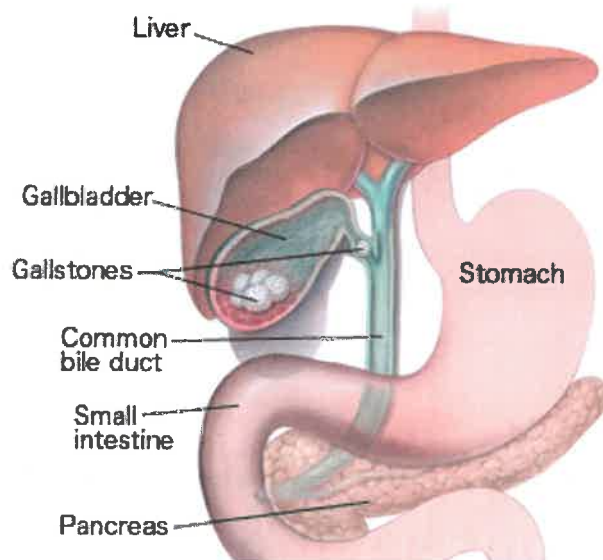
This booklet is designed to give you information about having treatment or surgery on your gallbladder

We hope that it will answer some of your questions

It is not meant to replace the discussion between you and your surgeon.

What is the gallbladder?

The gallbladder is a small pear sized organ located under the liver that stores bile. Bile is necessary for the digestion of fatty food. The bile duct is a tube that carries bile from the liver to the bowel, and attached to this is the gallbladder.



What are gallstones?

Gallstones are small hard masses consisting of hardened digestive fluids. The medical term for gallstone formation is Cholelithiasis. Gallstones can leave the gallbladder and block the flow of bile to the ducts which causes severe pain and swelling of the gallbladder. A gallstone in the common bile duct is called Choledocholithiasis. Gallstones can also cause a severe infection of the gallbladder called Cholecystitis.

What is a Cholecystectomy?

A Cholecystectomy is the surgical removal of the gallbladder. The operation is usually done to remove gallstones causing pain or infection.

How is the operation performed?

The operation involves removing both the gallbladder and stones either using a keyhole approach or a larger cut. Your surgeon will advise you which operation is best for you.

Laparoscopic Cholecystectomy (keyhole)

This surgery uses a laparoscope (an instrument to see inside of your body) to remove the gallbladder. The surgery is performed through several small cuts rather than through one large cut. To provide space for the surgery to be performed your abdomen is filled with a gas called carbon dioxide. Occasionally your surgeon may start to do your operation using a keyhole approach but needs to convert it to an open operation.

Open Cholecystectomy

The gallbladder is removed through one larger cut in your abdomen. The cut is made just below your ribs on the right side and goes to just below your waist.

Many surgeons perform an x-ray during the operation called an intraoperative cholangiogram to identify stones which may be located in the ducts and to identify the anatomy of the bile duct system.

Are there any risks with the surgery?

Generally this surgery is considered very safe and the risks associated with it are very low. However, some of the following problems can occur:

Wound infection – antibiotics may be given to help reduce the risk of this happening.

Bleeding – a small amount of blood loss is expected

following surgery.

If bleeding is prolonged or excessive a blood transfusion may be required.

Chest infection – a chest infection can develop following surgery when you are not taking deep breaths due to pain and drowsiness.

Ileus – sometimes the bowel is slow to start working after surgery. If this happens the bowel may need to be rested for a period of time.

Other risks – some surgeries have specific risks associated with them such as bile duct injury and blood clots. Risks do increase with age and for people who already have heart, chest or other medical conditions such as diabetes or for people who are overweight or smoke.

What happens before surgery?

Before your operation you will be given an appointment to attend the pre-admission clinic. The appointment can take between 3 and 4 hours. During the appointment you will see a team of people who will help you to prepare for your surgery and identify and correct any potential problems. This is also your opportunity to ask questions. It might help you to write down any questions you may have before your appointment.

Here are some of the people you might see and what their role is.

Nurse – they will talk to you about what to expect before and after surgery and tell you:

- where to ring to find out when you need to stop eating and drinking before your surgery
- where to arrive at the hospital
- length of stay in hospital and what happens when you go home

Anaesthetist – they will:

- assess your fitness for surgery and anaesthesia
- recommend a type of anaesthesia to suit your needs
- discuss pain relief options.

House Officer – they will take a medical history from you and will perform a physical examination of your heart and lungs to make sure you are healthy enough for surgery.

Surgeon – they will explain your planned surgery and answer any questions you may have. You will be asked to sign a consent form.

Pharmacist – some people will also see the pharmacist who will ask you about any medicines you are taking including supplements. They will give you a green bag to bring your medicines with you when you come into hospital for your surgery.

Other tests and examinations will also be carried out during your visit. These might include blood tests, urine tests, electrocardiogram (ECG) chest x-ray and echocardiogram.

At times the pre-admission appointment may be able to be done as a phone assessment depending on your general health.

How long will I be in hospital?

You will be admitted to hospital on the day of your surgery and will be required to stay in hospital overnight for laparoscopic surgery and 3-4 days if having open surgery.

What happens on the ward after surgery?

On the ward the nurse will regularly monitor your vital signs such as blood pressure and pulse and check the wound from your surgery.

Pain relief

You may experience some pain and it is important to let your nurse know so that appropriate pain relief can be provided to keep you comfortable.

The pain score is a way of your nurse establishing how much pain you are experiencing after your operation. You will be asked to grade your pain from 0 to 10 with 0 being no pain and 10 being the worst pain you can imagine.

ADD PAIN FACES PICTURE

You may experience shoulder pain following keyhole surgery caused by the carbon dioxide the surgeon used to inflate your abdomen during surgery. This normally disappears after 24 hours.

Tubes and attachments

You may have tubes attached to you when you wake up after your operation.

These might include:

- a drip that delivers fluid into your vein until you are drinking

sufficiently

- an oxygen mask or nasal prongs to assist your breathing after surgery
- a pain pump (PCA) attached to a vein in your arm where you are able to control your own pain relief by pushing a button (if having open surgery)
- a tube (urinary catheter) that is inserted into your bladder to drain urine into a measuring bag (if having open surgery)

Eating and drinking

You will be given some water to drink initially. If you tolerate this you will be allowed to eat and drink. Please let your nurse know if you are feeling sick following surgery so they can treat this.

Medicines

The nurse will provide you with your medicines while you are on the ward. This is because the nurse will know what medicines are suitable for you to take following surgery.

Deep breathing and coughing exercises

As soon as you wake up, the ward team will encourage you to take several deep breaths. This will keep your lungs clear of fluid and help prevent a chest infection.

Elastic stockings

You will be provided with some special elastic stockings to help prevent blood clots forming in your legs. Frequent leg exercises in bed such as peddling your feet and rotating your ankles will also help with blood flow

Keeping mobile

It is important that you begin moving, as soon as possible, after

your surgery. The first time you get out of bed after surgery the nurse will help you in case you feel dizzy or unwell. After this you will be able to gently move around as you feel able.

What happens when I go home?

The doctor will assess you to make sure you are ready to go home. They will write a discharge summary explaining the treatment you have received in hospital and any follow-up that may be required.

The normal discharge time is 11am. If you are having surgery at Auckland City Hospital there is an area called the Transition Lounge where you can wait for family and friends to take you home. The Transition Lounge is open between 9am-7pm Monday to Friday and is located on Level 5 of Auckland City Hospital.

Pain relief and medicines

You will be given a prescription for pain relief when you go home. You should take pain relief to reduce any discomfort associated with the surgery or as prescribed. The pain should gradually improve after 7-10 days.

Food and drink

Most people can eat a normal diet without any problems after your gallbladder is removed. However some people may experience indigestion or bloating from time to time, especially after eating a fatty meal.

Wound Care

Following your operation you will have a waterproof dressing on your wound so that you can take a shower. This usually can come

off after 7 days. If the dressing is blood stained and you are concerned about bleeding please go to your GP. All stitches are generally absorbable and take approximately three to four weeks to dissolve.

Moving around

After the operation you will need to rest, although normal activity can be resumed as soon as you feel able. Heavy lifting should be avoided for 2-4 weeks after keyhole surgery and 4-6 weeks after open surgery.

Driving

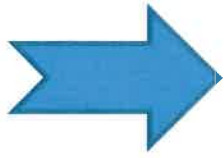
It is not recommended that you drive until you feel comfortable, for most people this will be around one to two days following keyhole surgery. You should also check your car insurance policy, as there may be a clause in it about driving after having surgery

Returning to work

Returning to work will depend on the type of work you do. As a rough guide most people who have a relatively sedentary job will take 3-4 days off work following keyhole surgery and people who have jobs that involve manual work or heavy lifting or are having open surgery need to take 2 weeks off work. If you require a medical certificate for work the doctor will complete this on the day you are going home.

Follow up appointment

You will receive a follow-up appointment in the post to attend the surgical clinic after your surgery.



Concerns

Please contact your GP if you experience any of the following:

- Severe pain
- Fever or chills
- Nausea or vomiting
- Bleeding or smelly discharge from your wound

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