

Discharge Instruction following Laparoscopic Cholecystectomy

What is Laparoscopic Cholecystectomy?

Laparoscopic cholecystectomy is a minimally invasive surgical procedure to remove the gallbladder. It is recommended to people who developed gallstones that cause inflammation, pain or infection. The surgery involves a few small incisions, and most people go home the same day and soon return to normal activities. This procedure is often recommended if you develop any problems with it.

The laparoscopic procedure is recommended because it has several benefits such as lesser pain, lower risk of complications, quicker recovery and return to regular activities, and smaller wounds and scars. The whole operation is performed under a general anaesthetic and usually lasts between 1 and 2 hours.

What is a gallbladder?

Your gallbladder is a small, pear-shaped organ on the right side of your abdomen, just beneath your liver. The gallbladder holds a digestive fluid called bile that's released into your small intestine. Gallstones are hardened deposits of digestive fluid that can form in your gallbladder. Bile makes it easier to digest fat. It contains some waste products, including cholesterol and bilirubin, substance created when old red blood cells are destroyed. Gallstones form when cholesterol or bilirubin particles cluster together into a solid lump. People who experience symptoms from their gallstones usually require gallbladder removal surgery. It is not a vital organ and it can be surgically removed if it is causing problems.

In some patients, a procedure called an ERCP can be undertaken. A fibre-optic scope (endoscope) is inserted into the gut via the mouth and gullet to retrieve stones stuck in the bile duct. The bottom end of the duct can also be widened at the same time so that any future stones escaping into the duct can pass more easily.

Why would I need this procedure?

Laparoscopic cholecystectomy is a commonly performed procedure to treat symptoms arising from gallstones as well as to prevent the more serious complications that gallstones can cause. Gallstones may also cause inflammation of the pancreas or yellowing of the skin and eyes and in certain cases, removal of the gallbladder stops these from re-occurring.

What are the symptoms that have led to me having this procedure?

Gallstones often cause no symptoms and you may not realise you have them, but occasionally they can block the flow of bile and irritate the gallbladder (cholecystitis) or pancreas (pancreatitis). This can cause symptoms such as sudden and intense stomach pain, feeling and being sick and yellowing of the skin and eyes (jaundice).

What are the alternatives?

Because of the potentially serious complications, we generally recommend surgery to prevent the more serious complications.

While surgery is the only recommended treatment, there are some alternative measures suggested.

Pain Control- Treatment of acute biliary colic primarily involves pain control with nonsteroidal anti-inflammatory drugs (NSAIDs) or narcotic pain relievers. Another option for pain control is antispasmodic agents, which are thought to relax and relieve the spasms of the gallbladder.

Antibiotic prophylaxis- is not required in low-risk patients undergoing elective laparoscopic cholecystectomy, but it may reduce the incidence of wound infection in high-risk patients.

Watchful waiting - is the most important alternative to cholecystectomy in patients with uncomplicated gallstone disease. Symptom relief occurs in a large percentage of the patients, and the risk of developing complications is relatively small.

There are other non-surgical alternative such as Oral Dissolution Therapy and Extracorporeal shock-wave lithotripsy (ESWL) but are not commonly used and not very effective and there is a chance of the gallstones to recur in most of the patients.

What are the potential risks and side effects?

Gallbladder removal surgery is considered to be a safe procedure, but, like any type of surgery, there's a risk of complications. Possible complications include:

Infection- Some people develop a wound or internal infection after a gallbladder removal.

Bleeding- Bleeding can occur after your operation, although this is rare. If it does occur, you may require a further operation to stop it.

Bile leakage- When the gallbladder is removed, special clips are used to seal the tube that connects the gallbladder to the main bile duct.

Injury to the bile duct- The bile duct can be damaged during a gallbladder removal. If this happens during surgery, it may be possible to repair it straight away.

Injury to the intestine, bowel and blood vessels- The surgical instruments used to remove the gallbladder can also injure surrounding structures, such as the intestine, bowel and blood vessels.

Deep vein thrombosis- You may be given special compression stockings to wear after the operation to prevent this happening.

Pain- it is expected to feel pain within a few days after surgery, regular painkillers such as paracetamol may help reduce the discomfort.

Nausea - you may feel sick as a result of the anaesthetic or painkillers you have been given but this should pass quickly, you will be given anti-emetics to control it.

Pain in your tummy and shoulders – this is a result of the gas used to inflate your tummy and should pass after a couple of days; painkillers can be taken to relieve the discomfort

Bloating, flatulence and diarrhoea – this can last a few weeks; eating high-fibre food such as fruit, vegetables, brown rice and wholemeal bread can help to firm up your stools, and your GP may also be able to prescribe medication to help

Fatigue, mood swings and irritability – these feelings should improve as you recover

Bowel irregularity is expected with pain medication. Take stool softener as ordered for constipation. You may also experience diarrhoea, especially if eating foods high in fat. This should gradually resolve, allowing your diet to return to normal.

What are the expected benefits of treatment?

Removing the gallbladder will stop the pain and treat the infection caused by gallstones. It can also stop gallstones from coming back.

If gallstones are not treated, pain and infection can get worse. The gallbladder may burst, which can be life-threatening.

What should I do before I come into hospital?

- You will be asked to attend a pre-operative assessment clinic where we will ask you questions about yourself and discuss any worries or queries you may have
- Your operation will be explained, and you will be asked to sign a consent form
- Routine blood samples may be taken, and an ECG (heart tracing) and chest x-ray carried out
- Your temperature, pulse, respiration rate, blood pressure and weight will be recorded
- If you are having a general anaesthetic and are a smoker, we advise you to stop smoking at few weeks before your operation
- Please leave jewellery and valuables at home. The hospital cannot accept responsibility for these
- Please do not wear makeup or nail varnish
- Take regular medication as normal, unless advised otherwise, and bring any inhalers and tablets with you
- If you are taking blood thinning tablets (anti-coagulants) such as Warfarin and Aspirin, please contact your consultant for further advice
- If you are diabetic, please discuss this when you attend your pre-operative assessment appointment where the staff will be able to give you advice.
- Wear comfortable, loose-fitting clothing on the day of your surgery.
- Stop taking certain medications for a period of time before surgery; for example, aspirin or non-steroidal anti-inflammatory medications (NSAIDs) a week before surgery.
- Stop eating for a period of time prior to surgery (depends on the surgical technique and type of anaesthesia used).
- Arrange to have someone drive you home after the procedure.
- Pack personal items if a hospital stay is needed (this is not typical).

Will I have an anaesthetic?

Yes, you will receive general anaesthesia so that you sleep and have no pain during the procedure.

How will I feel afterwards?

After surgery, you are likely to feel sore. It is normal to feel pain after your surgery and you will be given pain relievers to control it. You may also feel easily fatigued and "washed out" following the surgery which will eventually resolve with time.

How long will I be in hospital?

If you don't have any complications, you can usually go home the same day as your surgery.

What should I do when I go home?

Mobilization

It is important to rest after surgery however, avoid staying in bed for long periods. You can perform short walks (walk to the bathroom, kitchen or bedroom) and gentle exercise is important as soon as you can to prevent complications such as formation of blood clot and chest infection. A general anaesthetic remains in your system for 24 – 48 hours. Therefore, it is important to have a responsible adult to care for you following your operation. Your anti embolization stockings (TEDS) should be worn until you are fully mobile.

Diet

You can resume a normal diet. Be sure to include a lot of fluids daily. This is to prevent constipation and straining after surgery.

Pain Management

Paracetamol 1gram (2 tablets) should be taken 4 times a day and if needed, you may also take ibuprofen 400mg 3 times a day alongside paracetamol if needed. You should take your pain medications regularly for 3-5 days. You may be given codeine, this should be taken if you feel you need something stronger. It should be taken alongside the paracetamol and/or ibuprofen. Codeine 30mg-60mg, (1 or 2 tablets up to 4 times a day as required). Be aware that codeine is an opioid and can cause drowsiness, dizziness, light-headedness, constipation, nausea and vomiting, so avoid driving while taking opioids. Minimize or avoid it if possible as it can cause addiction. It is common to experience constipation while taking opioid pain medications after surgery. Increased fluid intake and a mild laxative should be taken to prevent it from occurring. You may be given lactulose to help prevent constipation (15mls twice a day).

Some patients use other non-medication therapies for pain relief such as mindful breathing, music, relaxation, meditation, daily reflection and short walks.

Pain in your shoulder and abdomen

This is called referred pain and is a result of the gas used to inflate your abdomen and should pass after a couple of days; painkillers can be taken to relieve the discomfort

Wound Care

Unless instructed otherwise, after your discharge please leave your dressings on for 48 hours and keep the area clean and dry. Your stitches are dissolvable and do not need to be removed. Steri strips (if present) will fall away in 7 - 10 days. If not, you can gently remove them. Skin glue will fall away in 7-10days. Do not pick or rub it off but allow it to come away naturally.

You may experience some bleeding from the wound site, if this occurs you should apply continuous pressure for about 10 minutes.

Elimination

You should be able to pass urine naturally after surgery but some patients may experience urinary retention. If this occurs, the treatment may include a temporary insertion of a urinary catheter (lofric/speedicath). You will be provided with a catheter pack to go home with and an instruction from the healthcare providers. All patients eventually regain their baseline bladder control. If you don't regain your baseline bladder control, please contact your GP.

Shower and Bath

It is fine to shower starting around 48 hours after surgery but no baths, pools or hot tubs for at least two weeks.

Follow up appointment

This is not normally required. If your consultant does want to review you then an outpatient appointment will be made.

Drain

If your gallbladder was infected, your surgeon will insert a tube in the incision to drain fluid out of the surgical site. The tube may be required to stay in between one to five days, depending on the amount of drain fluid. To most patients, the drain will only stay overnight and be removed the next day before discharge. But for some patients, they will need to go home with a drain. Your nurse will provide you with a drain chart and instruction when and how to empty your drain. You may be required to flush the drain, if this is the case you will be shown how to do this by the ward staff. A referral may be completed by the ward nurses when you are discharged home requesting the district nursing team to assist you with this if needed. You will be told when to return to the hospital for the drain to be reviewed.

How soon will I be able to resume normal activities?

After keyhole or open surgery, you should gradually increase your activity during the next 2 weeks.

Driving is possible once an emergency stop can be performed without discomfort, generally after 1-2 weeks.

Will I have to come back to hospital?

You don't have to come back to the hospital but once at home after your operation, you should seek medical advice if you

- Develop a fever of 38.5 (C) and above
- Are vomiting / unable to keep food down which lasts more than 24 hours
- Develop pain which is not controlled with simple pain killers
- Develop jaundice (yellow skin / eyes)
- Have bleeding, pus or other discharge and redness around the wounds

When can I return to work?

You will be able to return to work after 2 to 4 weeks.

Consent

Although you consent for this treatment, you may at any time after that withdraw such consent. Please discuss this with your medical team.

Sources of information

NHS website, Gardner ward general post-operative instructions, Gardner ward matron, Surgical consultant

ESHT website patient information – www.esht.nhs.uk

<https://www.nhs.uk>

<http://patient.info/health/gallstones-leaflet>

www.nhs.uk/conditions/laparoscopiccholecystectomy/pages/introduction.aspx

<https://www.webmd.com/digestive-disorders/laparoscopic-gallbladder-surgery-for-gallstones>

<https://www.aafp.org/afp/2014/0515/p795.html>

Important information

The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the Patient Experience Team – Tel: 0300 131 4731 (direct dial) or by email at: esh-tr.patientexperience@nhs.net

Hand hygiene

The Trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.

Tel: 0300 131 4434 Email: esh-tr.AccessibleInformation@nhs.net

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

Reference

The following clinicians have been consulted and agreed this patient information:
Jacinta Isles- Gardner Ward Matron, Miss Morris – Consultant surgeon.

The directorate group that has agreed this patient information leaflet:
Diagnostic, Anaesthetic and Surgery

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