

Singh Surgical Partnership

Information for Patients

Laparoscopic Cholecystectomy (Keyhole Gallbladder Surgery)

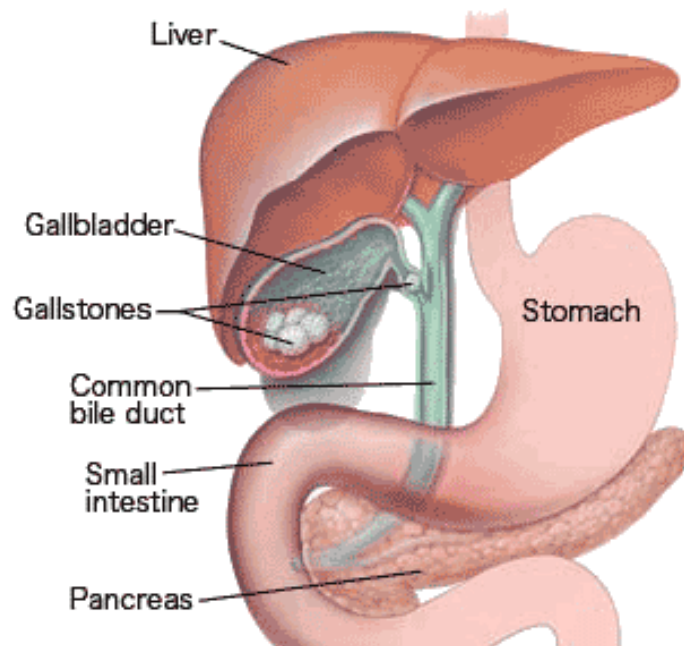
You may find this information useful if you are planning to have surgery because you are experiencing symptoms from your gallbladder.

What are gallstones?

Gall is an old fashioned word for what we now call bile. Usually bile is a liquid but gallstones are small solid lumps that can form in bile. They start as tiny crystals then grow to resemble gravel and may end up looking like pebbles; most are made from cholesterol and calcium. Gallstones are very common, but most people do not know they have them.

What does the Gall Bladder do?

Bile is made in the liver and passed down through the bile duct and then concentrated and stored in the gall bladder. Bile contains waste substances and chemicals to aid digestion. After a meal the gallbladder empties bile into the intestines to help digest fats.



Keyhole Gallbladder Surgery (Laparoscopic Cholecystectomy)

A gallbladder operation is usually done using keyhole surgery under a general anaesthetic and on average takes about 40 minutes. Mr. Singh will make four cuts in your abdomen, one will be within your tummy button and the others will be below your ribs on the right hand side. However for safety or technical reasons the operation may need to be converted to an open operation which means Mr. Singh will have to make a larger cut in your abdomen resulting in a longer operation. The decision is made at the time of the operation while you are asleep.

During the keyhole operation Mr. Singh will inflate your abdomen with carbon dioxide gas in order to see your internal organs. He will then pass a laparoscope (a long, thin telescope with a light and camera lens at the tip) through one of the cuts. This allows Mr. Singh to view your internal organs on a monitor. He will then pass specially adapted surgical instruments through the other small cuts, allowing him to move your other internal organs out of the way and enable him to cut away and remove your gallbladder.

The surgical instruments and carbon dioxide gas is then removed at the end of the operation and Mr. Singh closes the small cuts with absorbable stitches.

What can I expect afterwards?

From theatre you will be taken to a recovery room where you will be closely monitored as you wake up from the anaesthetic. You will then be taken back to your room where a nurse will continue to monitor you closely, recording your blood pressure, heart rate, breathing rate and check your wounds at regular intervals. You will feel very sleepy whilst you recover from the anaesthetic and if you experience any abdominal pain or discomfort from the operation painkillers can be given as required.

Once you have woken up you will be offered something to eat and drink and will be encouraged to get up and walk around and pass urine.

Although the operation can be performed as a day case, because Mr. Singh's theatre list is in the afternoon he will ensure a bed is available for an overnight stay. He will then discharge you following review the next morning and see you in outpatients six weeks later.

Recovering from your gallbladder operation

You will be given some painkillers to take home with you, which should be taken on a regular basis; you may also be given a laxative.

Mr. Singh recommends that you do not drive a car for 10 days following your operation. After 10 days you should be able to perform emergency stops and control the car without any pain or difficulty. It is important to inform your car insurance company about your operation. You will be able to resume your normal activities after 2-3 weeks.

You are not likely to notice any difference not having a gallbladder, as bile will continuously drip into the intestine as opposed to being stored in the gallbladder for use after meals.

What are the risks?

Gallbladder surgery is commonly performed and generally safe. However in order to make an informed decision and give your consent you need to be aware of the possible side effects and risks of the operation.

Any operation carries risks of infection, bleeding from vessels or other organs, changes in sensation, pain and problems with wound healing. Of course, as much as possible is done at the time of your operation to prevent these occurring.

A small proportion of patients have a change in bowel habit to a loose more erratic stool, this is transient in the large majority of patients.

You may experience pain and discomfort in your abdomen and shoulders after the operation; this is as a result of the gas used to inflate your abdomen, this usually settles after 72 hours.

The bile duct may be injured during the operation causing a bile leak, which may result in a further operation.

Are there any alternatives to the operation?

If Mr. Singh has recommended that you have the operation it is because it is the only dependable way to treat the condition. Gallstones are softer than kidney stones, so cannot be removed by fragmentation in the same way that kidney stones can and in addition the gallstones usually come back.

Who can I contact to ask questions?

Mr. Singh will explain the operation to you in as much detail as you wish at your consultation and answer any questions that you may have. However if you do have any further questions please do write them down and bring them with you at the time of your admission. Alternatively you can email Ruth Singh with your questions (ruth@singhsurgicalpartnership.com) or call Mr. Singh's secretary on 01252 783929 who can always leave a message for Mr. Singh.