

Laparoscopic cholecystectomy



Information for day surgery patients at King's College Hospital only

This leaflet answers some of the questions you may have about having a laparoscopic cholecystectomy. It explains the risks and the benefits of the procedure and what you can expect when you come to hospital. If you have any questions or concerns, please do not hesitate to speak to the doctors or nurses caring for you.

Confirming your identity

Before you have a treatment or procedure, our staff will ask you your **name** and **date of birth** and check your **ID band**. If you don't have an ID band we will also ask you to confirm your address.

If we don't ask these questions, then please ask us to check.

Ensuring your safety is our primary concern.

What is a laparoscopic cholecystectomy?

A cholecystectomy is an operation to take out your gallbladder, a small, pear-shaped pouch in the upper right-hand part of your abdomen. The surgeon will remove it with the help of a tiny camera called a laparoscope. It enables them to see inside your body without having to make large cuts in your abdomen. This is known as 'keyhole' surgery.

You will have a general anaesthetic for the surgery, so you will be asleep during the procedure.

When your gallbladder has been removed it will have little impact upon your daily life. You will not have to take medication.

Why do I need this surgery?

Your gallbladder stores bile, the fluid made by your liver that helps to break down (digest) fatty foods. Bile is made from cholesterol, bile salts and waste products. When these substances are out of balance, small, hard stones called gallstones can form.

Gallstones often cause no symptoms and people do not know they have them. But they can cause pain, fever, jaundice, nausea and vomiting. If you have severe symptoms, you may be advised to have a cholecystectomy.

What are the benefits of this procedure?

- Symptoms would be relieved
- Keyhole surgery is less invasive, meaning cuts are smaller and recovery is quicker
- It also means surgery time is quicker



What are the alternatives?

If you choose not to have the operation you may not have a further episode of cholecystitis. However, the likelihood is you would have further bouts of cholecystitis.

Consent

We must by law obtain your written consent to any operation and some other procedures before hand. Staff will explain the risks, benefits and alternatives before they ask you to sign a consent form. If you are unsure of any aspect of the treatment proposed, please do not hesitate to speak with a senior member of the staff again.

What happens before the operation?

Arranging the date for your operation: in the outpatient clinic the doctor will fill in an admission notice and may ask you to take this directly to the Day Surgery Centre. A date for your pre-operative assessment and operation will be sent to you.

Pre-assessment clinic: At your pre-assessment, a nurse will take your medical history, explain the type of anaesthetic you will have (usually a general anaesthetic) and what to expect after the procedure. They will also answer any questions you may have and give you information regarding pre-operative fasting.

Please bring with you details of any medication you are taking or the medicines themselves. Also let the nurse know if you are allergic to any medicines, tablets or plasters.

You will have some screening tests. These may include checking your blood pressure, taking a blood sample or having an ECG



(electrocardiogram) to check your heart. You will also be screened for MRSA, which is routinely done for all elective patients.

The admission team will contact you to agree on a date for your surgery.

What happens during the operation?

We will give you a general anaesthetic. Once you are asleep the surgeon will make three to four small incisions in your abdomen. They will then inflate your abdomen using carbon dioxide gas. This is harmless and makes it easier for them to see inside your body.

They will insert a tiny camera (laparoscope) and surgical instruments into your abdomen through the cuts. The camera enables them to find your gallbladder and then take it out.

How long does the operation take?

It takes about 60-90 minutes.

What happens after the operation?

You will be taken back to the ward where you will stay for at least four hours. We will usually offer you a drink about two hours after your operation, once we have taken the drip out of your arm or hand. You can usually go home about six – eight hours after your surgery. A surgeon will check you before you are discharged.

You will need a relative, friend or carer who can escort you home and stay with you for the first 24 hours after your procedure.

What happens when I go home?

We recommend you go to bed for the rest of day when you get home. The following day, you can walk around inside your home



but do not go out. Avoid heavy lifting for two weeks. Patients usually find they can return to work within a fortnight.

Pain relief: You may have some pain in your tummy, neck or shoulders for up to a week after your operation. This is caused by the gas used to inflate your abdomen during the operation collecting beneath your diaphragm. It will go away by itself in a couple of days. You will usually be given two different types of painkillers to take home with you: Diclofenac and Co-dydramol. Take the Diclofenac two – three times a day; it is most effective if you take it regularly. Take the Co-dydramol when you feel pain, up to eight times a day. When you run out of these, you can use ibuprofen, paracetamol or other painkillers you can buy over the counter at a pharmacy.

Eating and drinking: You can start eating again once you feel ready. You may prefer small, light meals for the first couple of days. Try to eat a well-balanced and nutritious diet.

Caring for your wounds: You will have a clear OpSite dressing over the site of your wounds, which looks a bit like superglue.

Leave the dressing on for five days. After five days, ask your GP (home doctor) / practice nurse to change it. They should also check your wound at the same time.

You can have a shower but take care not to rub the dressing off when washing or drying yourself. You can take your first shower about 48 hours after your surgery, carefully following the instructions above. Do not use bathing products such as soap, bath oils and talcum powder for the first week. After washing, lightly pat the area dry with a clean towel. Your stitches will dissolve naturally, but may take up to two months to disappear completely.



Will I need to come back to the hospital?

We will tell you before you go home if you need to come back to the outpatient clinic. We will send you an appointment date and time in the post.

What are the risks of having a general anaesthetic?

Straight after a general anaesthetic you may feel tired, dizzy or weak. You must have someone to collect you and stay with you for the first 24 hours. During the first 24 hours you should not:

- drive or operate any motorized vehicle or electrical equipment
- sign any legal documents or make important decisions
- drink alcohol.

You may feel weak or dizzy at times during the first seven – ten days. If this happens, sit down until the feeling passes. You may also have the ‘post-operative blues’ and feel a little depressed, though this should soon pass. If any of the symptoms do not go away, please contact the Day Surgery Centre for help and advice.

Valuables

Please do not bring in valuables, jewellery or large sums of money. If this is unavoidable, please ask a relative to take them home for you. The hospital cannot accept liability for the loss of personal items.

Sharing your information

We have teamed up with Guy’s and St Thomas’ Hospitals in a partnership known as King’s Health Partners Academic Health Sciences Centre. We are working together to give our patients the best possible care, so you might find we invite you for appointments at Guy’s or St Thomas’. To make sure everyone you meet always has the most up-to-date information about your health, we may share information about you between the hospitals.



Care provided by students

King's is a teaching hospital where our students get practical experience by treating patients. Please tell your doctor or nurse if you do not want students to be involved in your care. Your treatment will not be affected by your decision.

PALS

The Patient Advice and Liaison Service (PALS) is a service that offers support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you. The PALS office is located on the ground floor of the Hambleden Wing, near the main entrance on Bessemer Road - staff will be happy to direct you.

Tel: **020 3299 3601**

Email: **kch-tr.pals@nhs.net**

If you would like the information in this leaflet in a different language or format, please contact PALS on 020 3299 3601.



Urgent enquiries and emergencies

For urgent enquiries only, call **08448 222 888** and ask for pager number 813086. Please leave a message with your name and phone number and the on-call nurse will get back to you within the hour.

If you have had no reply after one hour, please contact your GP or nearest Emergency Department (ED).

Who can I contact with queries and concerns?

If you have any queries or concerns after your operation, please contact the Day Surgery Centre and ask to speak to the assessment nurse.

Tel: **020 3299 3483** or **020 3299 2188**,
7.30am - 7pm, Monday to Friday.