



Spire Healthcare

Treatment summary

Gallbladder removal (cholecystectomy)

What's involved?

The gallbladder is a small pear-shaped pouch in the upper right part of your abdomen. It stores bile produced by the liver. Bile is a digestive fluid that helps to break down fatty food, and it is carried from the gallbladder to the intestine through a tube called the bile duct.

Gallstones can develop if the bile gets too concentrated. These small, hard stones can block the bile duct, resulting in attacks of abdominal pain, nausea and fever. If these symptoms persist, removal of the gallbladder is often required. The body can function well without a gallbladder.

A gallbladder operation is usually done using 'keyhole' surgery - also known as laparoscopic cholecystectomy. This means your surgeon can remove the organ without having to make a large cut on your abdomen. However, some people may

need open surgery. Your surgeon will explain which method is most suitable for you.

Keyhole surgery is usually carried out as a day-case, but some patients may need to stay overnight in hospital. The operation is done under general anaesthesia. This means that you will be asleep during the procedure. Your surgeon will explain the benefits and risks of having your gallbladder removed, and will also discuss the alternatives to the procedure.

About the operation

Your surgeon will make two or three small cuts (about 5-10mm long) on the skin, above, or just below, your navel. Using a hollow needle, passed through or near your navel, carbon dioxide gas is pumped into the abdomen. This creates more room for your surgeon to work in and makes it easier to see the internal organs.

The laparoscope (a long, thin telescope with a light and camera lens at the tip) is then passed through one of the cuts. Your surgeon will examine the internal organs by looking directly through the laparoscope, or at pictures it sends to a video screen.

Specially adapted surgical instruments are passed through the other cuts to help move the internal structures so that your surgeon can see around them and to cut and remove the gall bladder.

X-ray pictures may be taken to look at the bile duct during the operation, so that your surgeon can find out if any gallstones are blocking the bile duct. Afterwards, the instruments are removed and the gas is allowed to escape through the laparoscope. The skin cuts are closed with dissolvable stitches and covered with a dressing.

The operation takes 60 to 90 minutes.

Following the operation, you are likely to feel some pain in the abdomen as well as 'referred pain' in the tips of your shoulders - caused by the gas used to inflate the abdomen. This usually disappears within 48 hours or so.

Laparoscopic cholecystectomy is commonly performed and generally safe. For most people, the benefits in terms of improved symptoms are much greater than the disadvantages. However, all surgery carries an element of risk.

Specific complications of laparoscopic cholecystectomy are uncommon but can include accidental damage to other organs in the abdomen (such as the bile duct, bowel, bladder, liver or major blood vessels) requiring further surgery to repair the damage.

Your surgeon will be experienced at performing laparoscopies, but even so a few are not completed successfully and the abdomen may need to be opened. This is known as conversion to open cholecystectomy.

In the longer term, some people experience ongoing abdominal symptoms, such as pain, bloating, wind and diarrhoea. These may require further investigation and treatment.

The chance of complications depends on the exact type of operation you are having and other factors such as your general health. Ask your surgeon to explain in more detail how any risks apply to you.

To find out more about having gallbladder surgery in a Spire Healthcare hospital, please contact your local Spire hospital.



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