

Laparoscopic removal of the gallbladder

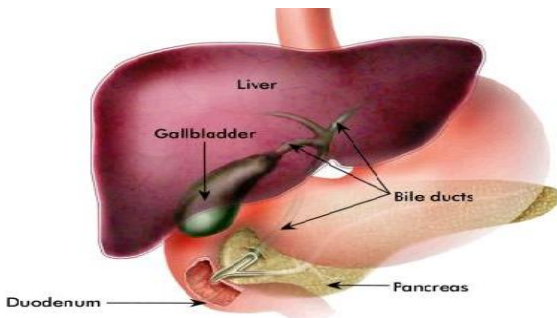
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Date :

- The gallbladder is positioned under the liver on the right upper quadrant of the abdomen.
- The main function of the gallbladder is to collect bile for storage and release bile into the small bowel to help with absorption, mainly fat.
- Bile is transported to the intestines in a small duct called the common bile duct.
- The removal of the gallbladder usually has no negative impact on digestion.

What medical problems can be caused by the gallbladder?

- Most of the problems caused by the gallbladder are due to the presence of gallstones.
- If gallstones obstruct the outflow of the gallbladder it may cause severe, intermittent, abdominal pains called biliary colic.
- If the above mentioned obstruction is not resolved in a few hours, infection of the gallbladder may follow i.e. acute cholecystitis.
- If a gallstone passes from the gallbladder into the bile duct obstructive jaundice may develop.



How should problems due to gallstones be managed?

- The diagnosis of the presence of gallstones is usually made with an abdominal ultrasound (sonar).
- If formed, gallstones will never disappear spontaneously.
- If symptoms occur due to gallstones they will usually recur or worsen.
- Removal of the gallbladder is therefore the best and safest treatment option.

What can be expected if surgery is planned:

- Certain tests might be necessary before the procedure i.e. blood test, x-rays etc.
- A booking needs to be made for the operation at the hospital and authorization needs to be obtained from the medical aid.
- (ICD 10 – K80.1, Procedure codes – 1761 & 1807)
- A shower is advised the night before the procedure.
- If the surgery is planned for the morning the patient needs to be Nil by Mouth from 24h00 the previous evening.

How is the gallbladder removed by laparoscopic procedure?

- Four small incisions are made in the abdomen through which a camera and instruments are placed. The gallbladder is then removed methodically.
- Rarely it is necessary to do special intra operative x-rays i.e. a cholangiogram to ascertain if there is any gallstones that has migrated into the bile ducts and / or these make sure the anatomy of the bile ducts are normal. Iodine containing contrast is sometimes given and is important to mention Iodine allergy if present.
- The instruments are then removed and all the incisions closed.
- There is always a small possibility that the procedure cannot be completed laparoscopically. The chance for this to happen is very small (less than 5% of all cases). In such a case an incision needs to be made under the right costal margin.

What can be expected after the operation?

- Some degree of pain can be expected post operatively and if necessary intravenously analgesics will be administered.
- Nausea and vomiting may occur.
- Clear fluids can usually be taken post operatively with a light meal the evening of the procedure, if done in the morning.
- Most patients are discharged the next day.
- Normal work can be started between 7 and 14 days post operatively.

Contact the surgeon if any of the following symptoms develops:

- Fever / Rigors (cold shivers)
- Jaundice
- Worsening abdominal pain
- Continuous nausea and vomiting
- Drainage or increasing redness of wounds
- Continuous coughing or shortness of breath

Possible complications after cholecystectomy:

Complications can occur after a cholecystectomy but luckily it is very rare. Some complications that is possible after any surgical procedure i.e. bleeding, infection (lung or wounds), or heart problems. More serious complications more specific to gallbladder surgery is damage to the bile ducts that may lead to bile leaking or blockage of the bile ducts. These complications can be serious and lead to further procedures. Damage to intestines is rare but can happen after any laparoscopic procedure.

