GOLD COAST surgical group

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Post Op Laparoscopic Cholecystectomy & Information

Why do Gallstones Develop?

Gallstones are very common and can develop for a number of reasons.

Gallstones form when Bile (which is a thick viscous liquid) crystallises.

This often occurs when the bile is thicker than usual (This can happen in pregnancy and with illness and infections) or there is an imbalance in the components of the Bile (Too much Cholesterol / Too much Pigment) or when the Bile is moving sluggishly (when the Gallbladder is not emptying properly).

Are Gallstones Hereditary?

The tendency to form Gallstones can run in the family. Sometimes this is due to specific Blood Disorders but generally it is related to a tendency to have a high Concentration of Cholesterol in the Bile.

How big are Gallstones?

Gallstones range in size from grains of sand to 3-4cm in size.

Occasionally much larger Stones can form.

It is often the smaller stones that will cause more significant Complications such as Stones in the main duct (choledocholithiasis) or inflammation of the pancreas (pancreatitis).

Do I Need my Gallbladder / Will I Miss my Gallbladder?

The purpose of the gallbladder is to store and concentrate bile. It then releases bile into the gut when food enters the stomach to help digest the fatty components of the meal.

Most Patients with Gallstones and complications of Gallstones will not miss their Gallbladder.

Some patients experience loose bowel motions and /or abdominal discomfort with rich or fatty food in the early postoperative period. These symptoms seem to settle within 6-8 weeks of surgery.

For 1-2% of patients these symptoms are permanent.

Are there any other effective treatments for Gallstone Disease other than Surgery?

There are several popular home remedy's and natural remedy's purported to help 'flush' gallstones through the gastro-intestinal system.

To our knowledge, none of these remedies have been proven to work.

As the most serious complications of gallstones occur when stones migrate or 'flush' out of the gallbladder and into the main biliary system, we don't recommend patients try these methods.

What does Surgery involve?

Surgery is usually done as a keyhole or 'Laparoscopic' procedure.

This usually requires a 12mm incision near the umbilicus (belly button) and three 5mm incisions and the upper abdomen. Through these small incisions the Gallbladder and stones are removed.

We routinely do an x-ray using dye during the operation to make sure there are no gallstones in the main duct system and to confirm the main duct anatomy. If there are stones in the main system they can often be removed at the same time.

The gallbladder is placed in a plastic bag to decrease the risk of wound contamination and is removed through the 12mm incision (this incision is sometimes increased if the stones are bigger than 12mm in diameter).

The wounds are closed and occasionally a drain is left inside the abdomen for 12-24 hours.

Usually an overnight stay in hospital is required and 90% of patients are discharged within 24 hrs.

What are the risks of Gallbladder Surgery?

Gallbladder surgery has a very low complication rate.

There are some serious complications that can occur.

1. Leakage of Bile from the liver bed or Cystic Duct (the Duct that connects the Gallbladder to the main system) – This may require further procedures such as a re-operation or an ERCP (an endoscope procedure through the mouth).
2. Significant Bleeding requiring re-operation or Blood transfusion.
3. Injury to the biliary system requiring re-operation or reconstructive surgery.
4. Deep seated infection in the abdomen requiring drainage.
5. Inadvertent injury to other organs.

Complications that can occur with any surgery include deep vein thrombosis (blood clot in leg), chest infection, heart attack / arrythmia, stroke, anaphylaxis & wound infection.

In some patients who have a complex medical history these risks may be more relevant and your surgeon will discuss this with you.

The most common minor problems post gallbladder surgery are bowel and bladder issues and ongoing niggly pain. These are discussed further in the post-operative instructions.

Please feel free to contact us anytime should you have questions or concerns

Skye & Jayne - Practice Nurses ***07 5598 0644***

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Post Operative Care / Information

Physical Activity

Early return to light activity is encouraged. This includes walking from Day 1 short distances & building up to normal distances at one week.

At two-three weeks you can exercise bike ride, swim (if wounds healed), light jogging & light limb weights. You can also resume sexual intercourse.

At four weeks you can return to all normal activities except for heavy lifting, golf, squash, tennis, surfing and weighted squats.

At six weeks you can return to all normal activities.

Work

Returning to work depends on type of work returning to. Most people will be able to return to desk jobs at 1-2 weeks

Active jobs, car travel & light duties (up to 12kg) 2-3 weeks. Jobs involving heavy manual work & lifting – 6 weeks

Driving & Travel

It is usually safe to drive a car short distances at 5-7 days postoperatively. The important test is that you can brake quickly if required.

Travelling long distances in a car as passenger or driver is not advised until 2 weeks post-operatively.

Short Haul Air Travel should be safe after one week & long haul after three weeks.

Wound care

You will leave hospital with 2 layers of dressings on your wounds. The outer layer is waterproof and allows you to shower from day 1 after your surgery.

Waterproof dressing can be removed after 5-7 days. Steri strips can remain on until they fall off (usually 14days). Please ensure they are dried well after showering (especially belly button).

Pain Control

You will be given pain medication upon discharge. Usually 2-3 days post-surgery the discomfort should be easily controlled with paracetamol alone.

Whilst the stronger pain medication is useful in the early post –operative period, prolonged use will result in constipation, nausea and episodes of light-headedness.

Therefore, we strongly recommend to stop the stronger medications as soon as the pain starts to subside.

Diet

There are no specific restrictions, but a low-fat **diet** is suggested. This is generally considered healthy, and a for a few months after a cholecystectomy a heavy meal can result in diarrhoea. This can occur especially in the first 3 months. It can even happen with low fat foods. If it occurs then please look up the 'GESA LOW FODMAP DIET' booklet as it can help (available online). Even if diarrhoea is significant, it should slowly settle over 6-12 weeks. If it is severe and intolerable please contact rooms for early review as there are medications which can help. Please note that this diarrhoea is not harmful, but can be quite uncomfortable.

Lethargy

It is common to feel tired and you may need to nap during the day for the first 2 weeks or so. If you had an emergency operation for acute cholecystitis (gallbladder infection) or gallstone pancreatitis, this can be quite severe and can last even longer (4-6 weeks even). This is normal and is expected to go back to normal with time and rest.

Don't be surprised if it takes some weeks for your energy levels to return to normal. It takes 4-6 weeks for tissues to heal after an operation.

Bowel Care

All patients experience some slowing of bowel function after Surgery. This can be caused by fasting prior to surgery, pain medications and less physical activity.

It is recommended all patients take an aperient such as Movicol for 7 days post-surgery to help bowel function return to normal.

When to Call your Doctor

- Persistent fever over 38.5 C / chills
- Bleeding
- Increasing abdominal or groin swelling
- Pain that is not relieved by your medications
- Persistent nausea or vomiting
- Inability to urinate
- Persistent cough or shortness of breath
- Purulent drainage (pus) from any incisions or redness that is worsening

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