

# GALLBLADDER SURGERY



## **The Surgical Clinic, P.L.L.C.**

General, Vascular, Thoracic & Laparoscopic Surgery  
Critical Care & Surgical Oncology

Patient's Name: \_\_\_\_\_

## **Introduction**

This booklet is designed for patients who need surgery for gallbladder problems. It describes the function of the gallbladder and discusses the symptoms of gallbladder disease, types of surgery and risks of surgery. In addition, a description of your care before and after surgery and after you get home is included. If after reading this booklet, you have additional questions, please feel free to call your doctor's office.

## **About your gallbladder**

The gallbladder is located on the upper right side of the abdomen (see drawing of gallbladder anatomy). It is a small, pear-shaped sac that attaches to the underside of the liver. The liver produces a yellow-green liquid called bile, which is stored in the gallbladder. The bile is used to help you digest your food. If your gallbladder is removed, the bile flows directly from the liver to the small intestine. After removal of the gallbladder, your body will adjust and your digestive system will return to normal.

## **Gallbladder problems**

Sometimes the gallbladder develops stones or may even become inflamed. If the stones stay in the gallbladder, they may not cause major problems. If the stones move and block passages, bile can back up leading to sharp pains in your abdomen, back or shoulder blade. More severe problems may develop including infections in the gallbladder, pancreas, or liver.

## **Diagnosis**

Once your doctor has examined you, he may recommend some tests. Usually the presence of gallstones is determined with an ultrasound of the abdomen. If he finds evidence of gallstones or inflammation of the gallbladder, he may recommend surgical removal of your gallbladder.

## **Surgical procedures**

The gallbladder may be removed in one of two ways: open technique or laparoscopic technique. Your doctor will decide which procedure is more appropriate for you. The following paragraphs explain the difference.

**Open technique:** A doctor from the anesthesia department will give you some medicines that put you to sleep. Your doctor will make an incision just under the right rib cage or in the middle of your abdomen (see drawing). He then cuts the gallbladder free and removes it. The incision is closed with stitches or staples.

**Laparoscopic technique:** An anesthesiologist will give you medicine that puts you to sleep. Your abdomen will be inflated with carbon dioxide (a gas that allows the doctor to see more easily inside your abdomen). Four small incisions are made in the abdomen, one in the navel and three others nearby (see drawing). A small tube called a laparoscope as well as other instruments are inserted through the openings. The gallbladder is detached from the liver and removed through one of the small incisions.

Occasionally when the surgeon places the instruments in the abdomen, he determines that the surgery cannot be completed without an incision; therefore, he switches to an open technique. This may be necessary in order to give you the best result.

## **Risks**

The risks of the surgery include but are not limited to the following:

- \*Bleeding
- \*Blood clots
- \*Pneumonia
- \*Problems with wound healing
- \*Problems with anesthesia
- \*Infection

\*New stones forming in the liver or bile ducts

\*Injury to bile ducts, blood vessels, bowel or nearby organs (if this occurs, it may require an open surgery or an additional operation in the future)

\*Death (rare)

## **Before surgery**

1. You will be asked to sign a special consent form that gives the doctor permission to operate.
2. You must not eat or drink after midnight on the day of your surgery.

## **After surgery**

### ***(Open technique)***

1. You will be taken to a recovery room until you are ready to move to a surgical unit.
2. You may have a small tube in your nose that goes into the stomach (NG tube) for 1-2 days. This allows your stomach to rest while you are healing. You may also have a thin, temporary drain coming out of the side of the abdomen.
3. Gradually, the tubes will be removed and you will be allowed to start liquids by mouth. As you get better, you will progress to soft food. When you are able to tolerate solid foods, the IV in your arm will be discontinued.
4. You will sit on the side of the bed and will usually walk in the hallway the day after surgery. On the days following, you will continue to walk in the hallway several times before going home.
5. You will be given pain medicine as needed.
6. You will probably go home in 2-4 days.

### ***(Laparoscopic technique)***

1. You will be taken to a recovery room until you are ready to move to a surgical unit.
2. You will be given liquids to drink when you are awake and alert.
3. You will sit on the side of the bed and may even walk around the room before going home.
4. You may notice some discomfort in your shoulders. This is temporary and will go away by itself.
5. You will be given pain medicine as needed.
6. You will be able to go home when you can keep fluids down and are able to urinate. This is usually 3-5 hours after surgery.

## **After you go home**

### ***ACTIVITY***

- Walk several times a day, even if only a short distance. Gradually increase the distance you cover every day.
- Resume driving when instructed by your doctor.
- Climbing stairs is all right.
- If you work, discuss with your doctor when you may return to work.
- Your doctor will tell you if you have lifting restrictions.

### ***DIET***

Unless otherwise instructed, you may resume the same diet you had before surgery. You may experience some gas pains and other discomfort as your digestive system returns to normal. At first, you should eat whatever was easy to digest before your gallbladder surgery. Later, you may be able to eat whatever you choose. You may experience softer bowel movements after surgery and this can last up to six months.

### ***MEDICATION***

- Resume all previous home medicines unless your doctor tells you otherwise.
- You may be given a prescription for pain pills. Use them only when needed. Do not drive if you are using pain pills.

### ***BATHING***

- If you have a tube or drain, your doctor or nurse will discuss the care of it before you are discharged.
- You may shower unless you are told otherwise. You can wash over the incision with soap and water. Otherwise, keep the incision clean and dry.
- Do not apply cremes or lotions to your incision.

-You may remove your bandages 2 days after your operation.

***RETURN APPOINTMENT***

-Your doctor will tell you when to return to his office for a check-up. Please call for a specific date and time.

***YOU MAY NOTICE THESE AFTER SURGERY:***

- Mild bruising, numbness or swelling at the incision(s)
- Decreased appetite for a few days
- Incisional pain or soreness

***CALL YOUR DOCTOR FOR:***

- Temperature over 101 or persistent low grade temperature
- Persistent nausea, vomiting or diarrhea
- Excessive redness, swelling or drainage at your incision
- Severe abdominal pain not relieved by pain medicine
- Any other concerns related to your surgery