

# Laparoscopic cholecystectomy (keyhole surgery for gallstones)

This leaflet gives you information that will help you decide whether to have keyhole surgery for gallstones. Gallstones are extremely common. They occur in all shapes and sizes and numbers. They may cause no symptoms at all or may cause pain and discomfort after eating, especially foods containing fat. Gallstones may also cause yellow jaundice and pancreatitis. They are formed in the gallbladder (a sac which hangs from the bottom of the liver).

## Why do people develop gallstones?

This is not always clear – it may be due to the composition of bile, the abnormal functioning of the gallbladder or it may be hereditary.

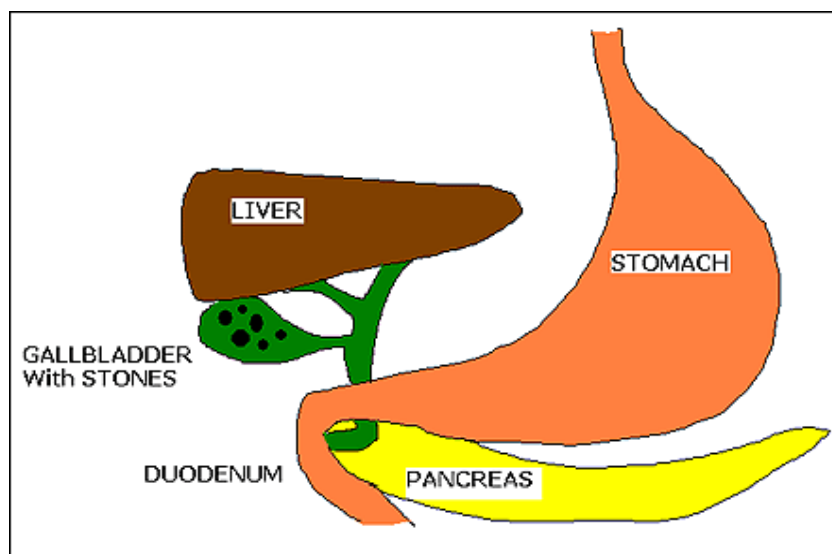
## Are there any alternatives to keyhole surgery?

You will already have discussed these with your consultant before deciding that keyhole surgery is the best treatment option but the alternative treatments are 'open' surgery which has a longer recovery time and causes more visible scarring, **endoscopic retrograde cholangio-pancreatography (ERCP)**, a procedure used to remove gallstones from the bile duct, **ursodeoxycholic acid tablets** (used for bile duct stones only), or the option of **not having any treatment**.

If you decide not to have treatment, it is likely you will continue to have bouts of pain but most people with gallstones do not develop other complications. A small number of people will get jaundice and, rarely, a gallstone can block the pancreas leading to acute pancreatitis (which can be a serious complication). If you are going to choose not to have surgery, do ensure that you are aware of the small risk that you are running.

## What happens during keyhole surgery?

Just before the operation you will be given a general anaesthetic so you will be asleep during the procedure. After this, four small incisions (5-12mm in length) will be made on the skin of your abdomen (tummy). A tiny TV camera and delicate operating instruments will be inserted through these incisions.



The surgeon performs the operation by watching the instruments on a TV monitor. The gallbladder ducts and vessels are clipped with tiny plastic clips and the gallbladder removed through the cut at your umbilicus (tummy button). The operation takes approximately 30-60 minutes.

### **What are the benefits of keyhole surgery?**

Most patients are suitable for day case surgery – this means you go home the same day as your operation.

You will be able to return to work and normal activities within 3 to 14 days of your surgery.

You will have minimal pain from the wounds and the scars are almost invisible.

### **Risks of keyhole or open cholecystectomy**

Most recent studies suggest the risk of bile duct injury is around 1 in 500 cases.

Not everyone is suitable for keyhole surgery. Some patients may require the more traditional open surgery. On occasion it may be necessary for the surgeon to revert to 'open' surgery during a keyhole surgical procedure. This might occur because the gallbladder is very inflamed, because of anatomical abnormalities or because of bleeding. If this is the case, your stay in hospital may last 3-5 days and recovery will take between 3 to 6 weeks. An incision of approximately 4-6 inches is made under the right rib cage. In our experience conversion to open surgery is required in around 1 in 400 cases.

All operations under anaesthetic have risks. The following are the principle ones concerned with keyhole gallbladder surgery:

1. Death – Very rare – 1 in 5,000 cases
2. Bile duct injury – 1 in 500 cases
3. Minor bile leak – 1 in 200 cases
4. Haemorrhage
5. Wound infection
6. Thromboembolism (clots in deep veins of legs)
7. Visceral/vascular injury (whilst introducing carbon dioxide gas into the abdominal cavity – 1 in 2-3,000 cases)
8. Incisional hernia
9. Retained and 'silent' stone in common bile duct – approximately 1 per 200 cases.

### **After the operation**

After the keyhole operation you will wake up very quickly and you may drink almost immediately. Dissolvable stitches are used on the skin.

It is normal to feel some discomfort in the shoulders for up to 48 hours after surgery (due to the carbon dioxide gas used to inflate your abdomen during the procedure) and there may be some bruising around the four small incisions on your abdomen.

You may drive when you are happy to wear a seat belt and to perform an emergency stop. You would not routinely require an outpatient clinic follow up appointment.

## Further information

[www.nhs.uk/Conditions/Laparoscopiccholecystectomy/](http://www.nhs.uk/Conditions/Laparoscopiccholecystectomy/)

[www.bsg.org.uk/patients/general/gallstones.html](http://www.bsg.org.uk/patients/general/gallstones.html)

## Useful contacts

Clinical Admin Team 3:	0118 322 6890 or email <a href="mailto:rbb-tr.cat3@nhs.net">rbb-tr.cat3@nhs.net</a>
Pre-operative Assessment:	07899 065590 or email: <a href="mailto:rbft.pre-opsouthwing@nhs.net">rbft.pre-opsouthwing@nhs.net</a>
Adult Day Surgery Unit:	0118 322 7622
General Surgical Unit	0118 322 7535 or 7539
Surgical Assessment Unit	0118 322 7541
Hopkins Ward	0118 322 7274
Royal Berkshire Hospital	0118 322 5111 (Switchboard)
West Berkshire Community Hospital	01635 273300

**If you have any concerns during the 24 hours following your discharge from hospital, please phone the ward to which you were admitted. After 24 hours; please seek advice from your GP.**

To find out more about our Trust visit [www.royalberkshire.nhs.uk](http://www.royalberkshire.nhs.uk)

**Please ask if you need this information in another language or format.**

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