



Patient Information published on: 03/2004
by the Society of American Gastrointestinal and Endoscopic Surgeons (SAGES)

PATIENT INFORMATION FROM YOUR SURGEON & SAGES

Laparoscopic Gall Bladder Removal

- The gallbladder is a pear-shaped organ that rests beneath the right side of the liver.
 - Its main purpose is to collect and concentrate a digestive liquid (bile) produced by the liver. Bile is released from the gallbladder after eating, aiding digestion. Bile travels through narrow tubular channels (bile ducts) into the small intestine.
 - Removal of the gallbladder is not associated with any impairment of digestion in most people.
-
- Gallbladder problems are usually caused by the presence of gallstones: small hard masses consisting primarily of cholesterol and bile salts that form in the gallbladder or in the bile duct.
 - It is uncertain why some people form gallstones.
 - There is no known means to prevent gallstones.
 - These stones may block the flow of bile out of the gallbladder, causing it to swell and resulting in sharp abdominal pain, vomiting, indigestion and, occasionally, fever.
 - If the gallstone blocks the common bile duct, jaundice (a yellowing of the skin) can occur.
-
- In a few more complex cases, other X-ray tests may be used to evaluate gallbladder disease.
 - Gallstones do not go away on their own. Some can be temporarily managed with drugs or by making dietary adjustments, such as reducing fat intake. This treatment has a low, short-term success rate. Symptoms will eventually continue unless the gallbladder is removed.
 - Surgical removal of the gallbladder is the time honored and safest treatment of gallbladder disease.
-
- Rather than a five to seven inch incision, the operation requires only four small openings in the abdomen.

- Patients usually have minimal post-operative pain.
- Patients usually experience faster recovery than open gallbladder surgery patients.
- Most patients go home within one day and enjoy a quicker return to normal activities.

- Preoperative preparation includes blood work, medical evaluation, chest x-ray and an EKG depending on your age and medical condition.
- After your surgeon reviews with you the potential risks and benefits of the operation, you will need to provide written consent for surgery.
- Your surgeon may request that you completely empty your colon and cleanse your intestines prior to surgery. You may be requested to drink clear liquids, only, for one or several days prior to surgery.
- It is recommended that you shower the night before or morning of the operation.
- After midnight the night before the operation, you should not eat or drink anything except medications that your surgeon has told you are permissible to take with a sip of water the morning of surgery.
- Drugs such as aspirin, blood thinners, anti-inflammatory medications (arthritis medications) and Vitamin E will need to be stopped temporarily for several days to a week prior to surgery.
- Diet medication or St. John s Wort should not be used for the two weeks prior to surgery.
- Quit smoking and arrange for any help you may need at home.

- Under general anesthesia, so the patient is asleep throughout the procedure.
- Using a cannula (a narrow tube-like instrument), the surgeon enters the abdomen in the area of the belly-button.
- A laparoscope (a tiny telescope) connected to a special camera is inserted through the cannula, giving the surgeon a magnified view of the patient's internal organs on a television screen.
- Other cannulas are inserted which allow your surgeon to delicately separate the gallbladder from its attachments and then remove it through one of the openings.
- Many surgeons perform an X-ray, called a cholangiogram, to identify stones, which may be located in the bile channels, or to insure that structures have been identified.
- If the surgeon finds one or more stones in the common bile duct, (s)he may remove them with a special scope, may choose to have them removed later through a second minimally invasive procedure, or may convert to an open operation in order to remove all the stones during the operation.
- After the surgeon removes the gallbladder, the small incisions are closed with a stitch or two or with surgical tape.

- Gallbladder removal is a major abdominal operation and a certain amount of postoperative pain occurs. Nausea and vomiting are not uncommon.
- Once liquids or a diet is tolerated, patients leave the hospital the same day or day following the laparoscopic gallbladder surgery.

- Activity is dependent on how the patient feels. Walking is encouraged. Patients can remove the dressings and shower the day after the operation.
- Patients will probably be able to return to normal activities within a week's time, including driving, walking up stairs, light lifting and working.
- In general, recovery should be progressive, once the patient is at home.
- The onset of fever, yellow skin or eyes, worsening abdominal pain, distention, persistent nausea or vomiting, or drainage from the incision are indications that a complication may have occurred. Your surgeon should be contacted in these instances.
- Most patients who have a laparoscopic gallbladder removal go home from the hospital the day after surgery. Some may even go home the same day the operation is performed.
- Most patients can return to work within seven days following the laparoscopic procedure depending on the nature of your job. Patients with administrative or desk jobs usually return in a few days while those involved in manual labor or heavy lifting may require a bit more time. Patients undergoing the open procedure usually resume normal activities in four to six weeks.
- Make an appointment with your surgeon within 2 weeks following your operation.

- Persistent fever over 101 degrees F (39 C)
- Bleeding
- Increasing abdominal swelling
- Pain that is not relieved by your medications
- Persistent nausea or vomiting
- Chills
- Persistent cough or shortness of breath
- Purulent drainage (pus) from any incision
- Redness surrounding any of your incisions that is worsening or getting bigger
- You are unable to eat or drink liquids

This brochure is intended to provide a general overview of a laparoscopic gallbladder surgery. It is not intended to serve as a substitute for professional medical care or a discussion between you and your surgeon about the need for a laparoscopic gallbladder removal. Specific recommendations may vary among health care professionals. If you have a question about your need for a laparoscopic cholecystectomy, your alternatives, billing or insurance coverage, or your surgeons training and experience, do not hesitate to ask your surgeon or his/her office staff about it. If you have questions about the operation or subsequent follow up, discuss them with your surgeon before or after the operation.

ADDITIONAL INSTRUCTIONS:

[Doctors may purchase bulk reprints of SAGES Patient Information Brochures from the SAGES Store.](#)

[Find a SAGES Member in your area.](#)

Requests for single reprints should be sent to:

SOCIETY OF AMERICAN GASTROINTESTINAL ENDOSCOPIC SURGEONS (SAGES)

11300 West Olympic Blvd., Suite 600

Los Angeles, CA 90064

Tel: (310) 437-0544

Fax: (310) 437-0585

E-Mail: SAGESweb@sages.org

This brochure was reviewed and approved by the Board of Governors of the Society of American Gastrointestinal Endoscopic Surgeons (SAGES), March 2004. It was prepared by the SAGES Task Force on Patient Information.

This document is Copyright © 1995 - 2011 [Society of American Gastrointestinal and Endoscopic Surgeons](http://www.sages.org) | All Rights Reserved