

General Surgery & Surgical Oncology

Laparoscopic Cholecystectomy

What is a laparoscopic cholecystectomy?

A laparoscopic cholecystectomy is a surgical procedure for removal of the gallbladder with a laparoscope and other surgical tools. A laparoscope is a thin metal tube with a light and tiny camera. Your provider can put it into your abdominal cavity through a tiny cut and see your internal organs, such as your gallbladder.

The gallbladder is a pear-shaped organ that is part of the digestive system. It lies beneath the liver on your right side. It stores bile, which is a fluid produced by the liver to help to digest fats.

When is it used?

The gallbladder is removed when you have gallstones, pain, or inflammation (swelling) in your gallbladder. Gallstones are a common cause of inflammation, pain, and swelling of the gallbladder, but you can have these problems without stones. Gallstones may remain loose in your gallbladder or block the gallbladder and common bile duct (the tube through which bile moves from the liver into the intestine). Or they may pass into your intestine. The gallbladder can rupture (tear) if it swells too much, and this can be life-threatening.

Alternatives include:

- removing the gallbladder by open surgery without a laparoscope
- dissolving gallstones with medicine if there are just a few tiny stones.

In most cases the laparoscopic method is used to remove the gallbladder rather than open surgery. If you have too much infection, scarring, or cancer, however, you may need open surgery. This means the surgeon makes a larger cut (incision) in your abdomen and then removes the gallbladder through the cut. You should ask your health care provider about the choices for treatment.

How do I prepare for a laparoscopic cholecystectomy?

Plan for your care and recovery after the operation. Allow for time to rest. Try to find people to help you with your day-to-day duties for the first couple of days after surgery.

Follow your health care provider's instructions about not smoking before and after the procedure. Smokers heal more slowly after surgery. They are also more likely to have breathing problems during surgery. For this reason, if you are a smoker, you should quit at least 2 weeks before the procedure. It is best to quit 6 to 8 weeks before surgery. Also, your wounds will heal much better if you do not smoke after the surgery.

If you need a minor pain reliever in the week before surgery, choose acetaminophen rather than aspirin, ibuprofen, or naproxen. This helps avoid extra bleeding during surgery. If you are taking daily aspirin for a medical condition, ask your provider if you need to stop taking it before your surgery.

Follow any other instructions your provider gives you. The night before the procedure, eat a light meal such as soup and salad. Do not eat or drink anything after midnight and the morning before the procedure. Do not even drink coffee, tea, or water. You may be given other instructions that you should follow, including taking important medicines.

What happens during the procedure?

You are given a general anesthetic. A general anesthetic will relax your muscles and put you to sleep. It will prevent you from feeling pain during the operation.

Your abdomen will be inflated with carbon dioxide gas. This helps your provider see the gallbladder and other organs. Your provider makes a tiny cut in your abdomen (usually in the area of the belly button) and inserts the laparoscope through the cut. Other tiny cuts are made to place tools used during the operation. Your provider removes the gallbladder and the stones with a tool that can cut tissue and stop bleeding. This could be electrical cautery (which uses electrical current) or ultrasound (sound wave energy).

What happens after the procedure?

It is usually possible to leave the hospital later the same day. In some cases an overnight stay may be needed, depending on your condition.

Because the intestines recover slowly, you cannot eat normally for the first couple of days after the operation. You will gradually return to a normal diet.

If your health care provider placed a drainage tube during surgery, it will be removed when there is no bile in the drainage fluid.

You may return to a normal lifestyle within 4 to 5 days, but it will take longer than this for your normal energy level to come back. Ask your provider if there are any restrictions on lifting or exercising. Ask what steps you should take and when you should come back for a checkup.

Removal of the gallbladder should cause few, if any, long-term problems. The digestive system can work normally without it. Occasionally there will be some loose stools.

What are the benefits of this procedure?

You will be rid of the painful gallbladder without the discomfort of abdominal surgery. Your stay at the hospital should be shorter.

What are the risks associated with this procedure?

- There are some risks when you have general anesthesia. Discuss these risks with your health care provider.
- You may have infection or bleeding.
- The common bile duct or another nearby organ could be injured. You may need further surgery for repairs of the damage.
- The bile may leak from the liver or duct. To correct this, your provider may put in a drainage tube if one was not placed during surgery.
- You may have pain in your shoulder from the carbon dioxide used to inflate your abdominal cavity.

You should ask your health care provider how these risks apply to you.

When should I call my health care provider?

Call your provider right away if:

- You develop a fever over 100°F (37.8°C).
- You have redness, swelling, pain, or drainage from the incisions.
- You become dizzy and faint.
- You have chest pain.
- You have nausea and vomiting.
- You become short of breath.
- You have abdominal pain or swelling that gets worse.

Call during office hours if:

- You have questions about the procedure or its result.
- You want to make another appointment.