

Gall bladder removal (cholecystectomy)

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You will soon be admitted to HMC Bronovo to have your gall bladder removed. This leaflet provides information on the potential reason for the gall bladder removal and information on the general activities relating to the procedure. Gall bladder symptoms are either caused by gallstones or gall bladder inflammation, both of which result in impaired gall bladder function. The exact cause of gallstone formation is unknown.

It is important to know that gall bladder symptoms vary per individual, and as a result, the surgeon adjusts the indication for treatment accordingly.

Treatment consists of surgical removal of the entire gall bladder.

Types of gall bladder removal operations The standard gall bladder removal operation is keyhole surgery (also known as minimally invasive surgery, MIS). Very rarely, the decision is made to perform 'conventional' open surgery. Your doctor will inform you should this be the case.

Keyhole surgery (laparoscopic method) Keyhole surgery enables a surgeon to clearly see inside the abdomen. In this procedure, gas is injected through a small incision made under the navel to slightly 'blow out' the abdominal wall, thus making it easier to see the internal organs. A small tubular camera (laparoscope), which is connected to a TV monitor, is then gently inserted through this same incision into the abdominal cavity. Next, three small incisions are made in your abdomen through which special surgical instruments are inserted to cut out and remove the gall bladder.

Important!

Occasionally, a surgeon will encounter an issue that cannot be resolved using the laparoscope, such as bleeding, adhesions (bands of scar tissues) or a severely inflamed gall bladder. The surgeon must then switch to 'conventional' open surgery while the patient is still under general anaesthesia.

Conventional surgery (open method) In open surgery, the surgeon first makes an incision measuring between ten to fifteen centimetres, which runs either from top to bottom in your upper abdomen, or it runs diagonally beneath your ribs on the right side of the abdomen. The surgeon then removes your gall bladder. This surgery lasts for approximately one hour and always take place under general anaesthesia. You will be able to go home after about two days.

Please note

If gallstones are found in the common bile duct (ductus choledochus) during open surgery, the surgeon will open the bile duct in order to remove them. The bile duct will then be closed up once again, and a drain, left behind to temporarily drain the bile, will be inserted via a separate opening through the abdominal wall. The bile is collected into a pouch located on your bed. A week after the surgery, x-rays are taken to check whether bile is flowing properly to your intestines and whether there are any remaining gallstones in the bile ducts. If everything looks to be in order, the drain can be removed at that time. In this case, you will stay in the hospital for about ten days.

In certain cases, the internist may remove the gallstones from the bile duct either before or after the surgery. The gallstones are removed via an endoscope (a controllable, flexible hose), which is inserted into the oesophagus through the mouth before being guided to the bile ducts.

Who will perform your surgery?

You will be operated on by the surgeon you saw at the outpatient clinic, a fellow surgeon or a physician assistant. A physician assistant is a graduate physician who we train at HMC to become a specialist or who is working at our hospital to gain experience. Physician assistants also perform (sections of) operations independently. The medical specialist is always ultimately responsible for the surgery. By using different doctors, we can plan the operations better and keep the waiting times as short as possible. If you would prefer to be operated on by the doctor you saw at the outpatient clinic, please let the doctor or the Admissions Office know.

Post surgery

You may feel nauseous immediately after the surgery. You can be given medicine to help combat the nausea.

Sometimes a tube is inserted in the operating theatre into your stomach via your nose. This tube ensures that your stomach remains empty after the surgery and it prevents you from vomiting. This tube can usually be quickly removed.

You will be put on a drip in order to receive sufficient fluids. However, the drip can be removed as soon as you are able to drink on your own again.

The area surrounding the incision will be sore for the first few days after the surgery. In addition, patients who have undergone keyhole surgery may experience some discomfort in their shoulder. This is due to the diaphragm being stimulated by the air blown in during the surgery.

All body movements, deep breathing and coughing may also cause pain. However, painkillers will be able to combat these complaints.

Possible complications

Generally speaking, gall bladder removal is a safe procedure with little risk of complications. However, no surgical procedure is entirely without the risk of complications.

General complications

This surgery also includes the risk of thrombosis, pneumonia, secondary bleeding or a wound infection.

Specific complications

Damage to the bile ducts very rarely occurs (0.5%). However, should it occur, a recovery procedure may be necessary.

At home

You will not be required to follow a diet once you are home. However, you should proceed with caution when consuming large quantities of fat within the first few weeks of being home. You should gradually try out what your body can tolerate.

People can continue their life normally without a gall bladder.

With keyhole surgery, patients are usually able to return to normal activity within two weeks. In the case of open surgery, recovery can take longer and patients (due to the wound) will need to be careful for the first six weeks when performing strenuous activities.

Finally

Upon hospital discharge, an appointment will be scheduled for you to come for an outpatient check-up after four weeks. Any sutures can be removed by your GP after seven to fourteen days.

Should you, after reading this leaflet, still have any questions, please do not hesitate to contact the Surgery Outpatient Clinic on telephone number +31 (0)88 979 43 59 from Monday to Friday inclusive and between 08.00 and 17.00 hours.

In case of urgent matters outside office hours, please contact the Emergency Department at HMC Westeinde, telephone number +31 (0)88 979 23 80.

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