Laparoscopic cholecystectomy (keyhole gallbladder removal)

Introduction

Laparoscopic cholecystectomy is a common surgical procedure to remove the gallbladder. This is usually performed to treat gallstones and the symptoms or complications they cause.

The operation is typically done using keyhole (laparoscopic) techniques under general anaesthetic. Most patients go home the same day or the next.

What is the Gallbladder and Why Remove It?

The gallbladder is a small pouch under the liver that stores bile, a fluid that helps digest fat. It's not essential for digestion, and most people live normally without it.

You may be offered surgery if:
- You have gallstones causing pain, infection or inflammation (cholecystitis)
- You have bile duct obstruction or pancreatitis related to gallstones
- Imaging shows gallbladder polyps or other abnormalities

Surgery might not be recommended if:
- You have minimal or no symptoms
- You are high risk for general anaesthetic or surgery

What Does the Surgery Involve?

Laparoscopic (Keyhole) Cholecystectomy:
- Performed under general anaesthetic
- 3–4 small incisions made in the abdomen
- A camera and instruments are inserted to remove the gallbladder
- Sometimes a small drain is left in temporarily
- The incisions are closed with dissolvable stitches or glue

Occasionally, it may be necessary to convert to open surgery if there is excessive inflammation or difficulty accessing the gallbladder. This is done when open surgery is the only safe way to complete the operation, and happens in <5% of cases.

What Should I Expect After Surgery?

In Hospital:

- Most patients are discharged same day or the following morning
- Pain is usually mild and controlled with paracetamol or ibuprofen

At Home:

- You may feel tired or bloated for a few days
- Shoulder-tip pain is common from the gas used during surgery
- Light activity (e.g., walking) is encouraged
- Avoid lifting more than a kettle for the first week

Recovery Timeline

Time after surgery	What to expect
Day of surgery	Go home same day or next, take painkillers as advised
Days 1–2	Gentle movement, walking encouraged
Week 1	Gradually increase activity, avoid lifting
Week 2–4	Return to light work and most normal activities
Week 4–6	Resume full exercise and lifting
After 6 weeks	Full recovery expected

Driving After Surgery

You can resume driving once you can perform an emergency stop without pain, usually 1–2 weeks after surgery. Always check with your insurance provider before returning to driving.

What Are the Risks of Surgery?

Immediate Risks:
- Bleeding
- Infection (wound or internal)
- Injury to nearby structures (bowel, liver, bile duct) – injury to the bile duct is thankfully rare (1/1000 cases) but is a devastating complication that often requires further reconstructive surgery
- Bile leak from where the gallbladder is removed from the liver – approximately 1% of cases
- Reaction to anaesthetic

Short-term side-effects:
- Pain or bloating
- Shoulder-tip pain
- Wound healing problems

What Are the Long-term Side Effects?

- Digestive changes (e.g., looser stools, especially after fatty meals) – usually temporary but can be lifelong in some cases
- Retained gallstones
- Scar tissue or adhesions inside the abdomen (rare)
- Chronic abdominal discomfort or indigestion (uncommon)

What Other Treatment Options Are Available?

- Watchful waiting (if symptoms are mild or infrequent)
- Dietary changes (low-fat diet may reduce attacks)
- Medication (to manage symptoms, though not a cure for gallstones)

What To Do If You Have Concerns After Surgery

If you feel very unwell or need urgent medical attention, call 999 or go to your nearest Emergency Department, ensuring they are aware of your recent surgery.

For non-urgent concerns, please contact my secretary by email or telephone and I will respond as soon as possible.