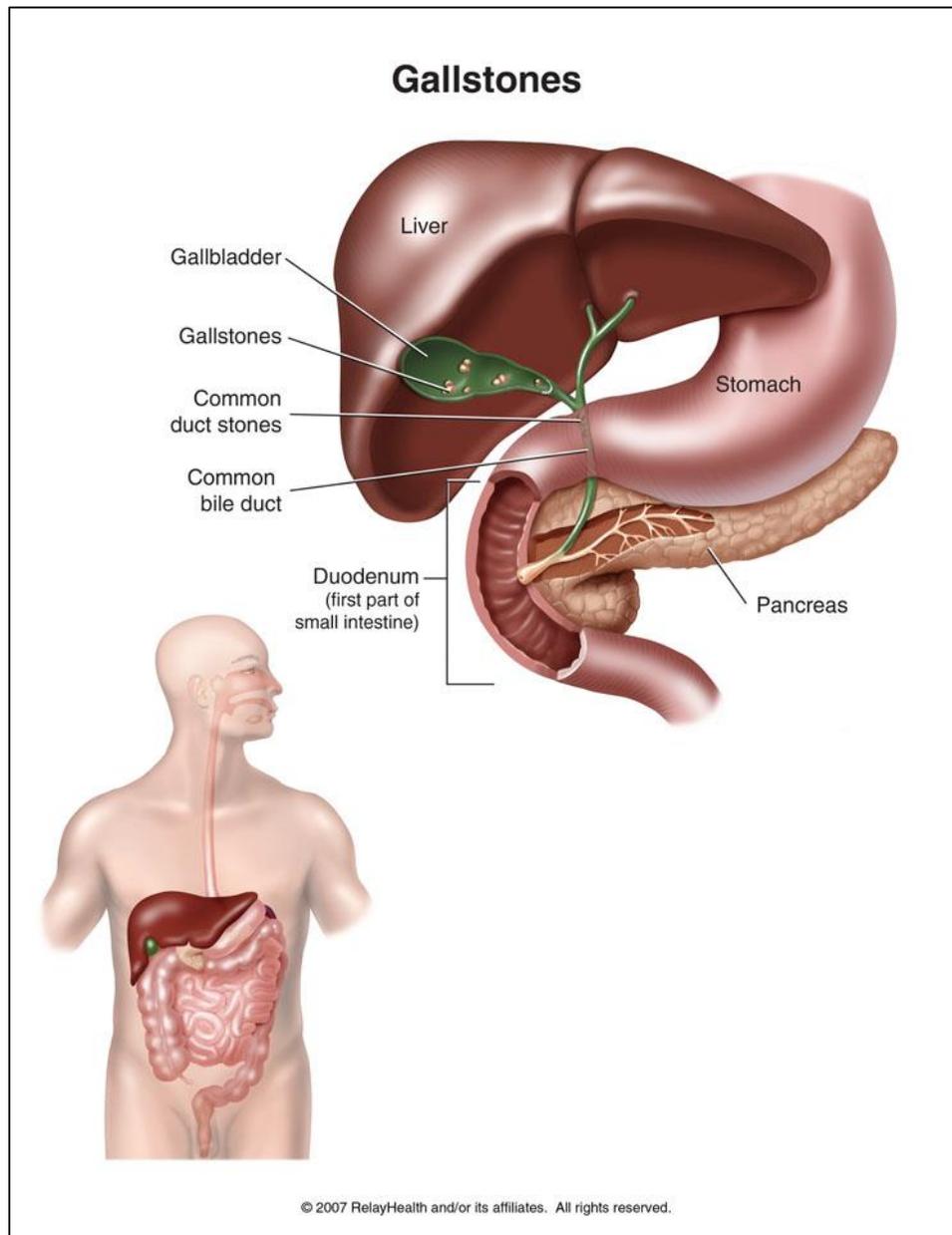


Gallbladder Removal: Open Cholecystectomy

What is a cholecystectomy?

A cholecystectomy is a surgical procedure to remove the gallbladder. The gallbladder is a small sac that lies under the liver on your right side. It is part of the digestive system. It stores bile made by the liver to help you digest fats.

When the removal is done through a large cut in the abdomen, the procedure is called an open cholecystectomy.



When is it used?

The gallbladder is removed when you have gallstones that cause symptoms, such as abdominal pain, back pain, or nausea and vomiting. Gallstones may stay loose in your gallbladder, or they may block the gallbladder and

common bile duct (the tube through which bile moves from the liver into the intestine). Sometimes they may pass into the intestine.

The gallbladder is also removed if you have inflammation (swelling) in your gallbladder. Gallstones are a common cause of inflammation of the gallbladder, but it can happen even if you don't have stones.

The gallbladder can rupture (tear) if it swells too much, and this can be life-threatening.

In most cases a laparoscopic cholecystectomy is done to remove the gallbladder rather than open surgery. The laparoscopic method is done through tiny cuts in the abdomen. Small tools are passed through the cuts and guided by a scope placed through your belly button. In some cases it may not be possible to remove the gallbladder with a laparoscope or it may not be recommended because of a health problem you have, such as obesity, lung disease, or severe liver problems. In these cases an open cholecystectomy may be done.

An example of another alternative treatment is dissolving gallstones with medicine if there are just a few tiny stones and no infection. This method takes many months and the stones are likely to come back.

You should ask your healthcare provider about the choices for treatment.

How do I prepare for this procedure?

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 while you recover.

Follow your healthcare 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 these reasons, 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.

If you need a minor pain reliever in the week before surgery, choose acetaminophen rather than aspirin, ibuprofen, or naproxen. Aspirin, ibuprofen, or naproxen can cause 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.

What happens during the procedure?

The procedure will be done at the hospital.

You will be given a general anesthetic to keep you from feeling pain during the procedure. General anesthesia relaxes your muscles and you will be asleep.

Your healthcare provider will make a 5- to 8-inch cut in your belly. Then your provider will remove the gallbladder and part of the cystic duct. (The cystic duct is the tube from the gallbladder to the common bile duct.) Your provider may check for and remove any gallstones found in the common bile duct. A small tube may be placed through a separate cut to drain fluid and bile for a few days after surgery.

The surgery may take from 1 to several hours, depending on your condition.

What happens after the procedure?

You will stay in the hospital for 1 to 6 days, based on your condition. You may be quite sore for 4 or 5 days and somewhat sore for up to 4 to 6 weeks. You will be given medicine to help with the pain.

Because the intestines recover slowly, you cannot eat normally for the first couple of days after the operation. You will be given intravenous fluids during this time. Then you can gradually return to a normal diet. Follow your healthcare provider's advice about diet.

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

Avoid all strenuous activity, such as lifting more than 10 pounds, for 4 to 6 weeks. Take frequent short walks to help you get your strength back.

Ask your healthcare provider what other 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 because the digestive system can function normally without it.

What are the benefits of this procedure?

You should no longer have the pain caused by the gallstones and gallbladder. It may also help prevent possibly life-threatening complications such as severe infection, rupture of the gallbladder, or obstruction of the bile ducts.

What are the risks of this procedure?

- There are some risks associated with general anesthesia. Discuss these risks with your healthcare provider.
- You may have infection or bleeding.
- The common bile duct or other nearby organs 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 should ask your healthcare provider how these risks apply to you.

When should I call my healthcare provider?

Call your provider right away if:

- You develop a fever.
- You have bleeding.
- You have severe pain.
- Your wound becomes reddened or warm, or begins to drain fluid.
- You have nausea or vomiting.

Call your provider during office hours if:

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

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[References](#)

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