



Cholecystectomy: Gallbladder Removal with Open Surgery

What is a cholecystectomy?

A cholecystectomy is a surgical procedure to remove the 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 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 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.

In most cases a laparoscopic cholecystectomy is done to remove the gallbladder rather than open surgery. The laparoscopic method is done through tiny cuts with small tools and a scope placed through your belly button. An open cholecystectomy is done when you are not a good candidate for removal of the gallbladder with a laparoscope. For example, if you have too much infection, scarring, or cancer, you may need open surgery.

An example of another alternative to an open cholecystectomy is dissolving gallstones with medicine if there are just a few tiny stones.

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

How do I prepare for a 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 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 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.

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.

The surgeon makes a 5- to 8-inch cut in your abdomen. Then the surgeon removes the gallbladder and part of the cystic duct. (The cystic duct is the tube from the gallbladder to the common bile duct.) The surgeon 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.

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.

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, for 4 to 6 weeks. 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.

What are the risks associated with 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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