Trusted Information Creator
Patient Information Forum

NHS
University Hospitals of Leicester
NHS Trust

Keyhole surgery to remove your gall bladder (Laparopscopic Cholecystectomy)

Department of Surgery

Information for Patients

Last reviewed: October 2026
Next review: October 2029
Leaflet number: 371 Version: 4

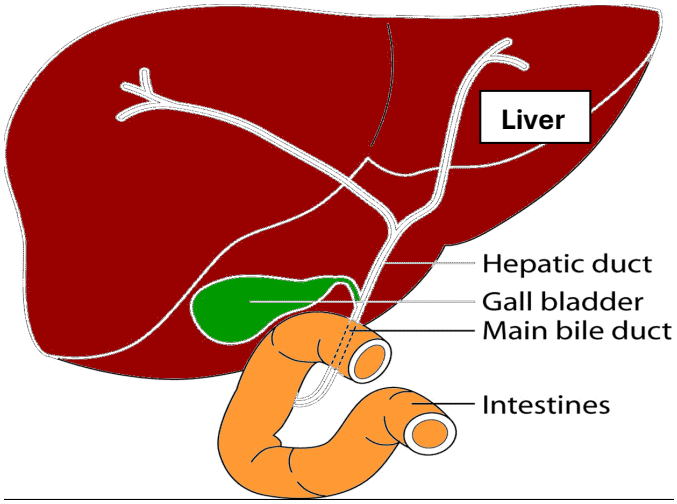
Introduction

Please read this leaflet before you come into hospital. You can write down any questions you would like to ask.

Your surgeon has recommended that you have your gall bladder removed. We do this through a keyhole (laparoscopic) surgery. This is sometimes known as a laparoscopic cholecystectomy (gallbladder removal). This is a common surgery. Most patients go home on the day of their surgery. This surgery is not suitable for all patients. Some may need an “open” surgery. This decision may be made before your surgery, but it is often made during the surgery. We will explain why later in this leaflet.

What is the gall bladder?

The gall bladder is a small pouch that is attached below the liver. The liver makes a fluid called bile. A small amount of bile is stored in the gall bladder. When we have eaten a meal, the gall bladder empties the bile into the small intestine to mix with the partly digested food. The gall bladder makes the bile more concentrated by removing water from it. Gallstones are formed when chemicals in the bile crystallise. Gallstones can be different in size and may be as small as grains of sand or as large as a plum.



Problems caused by gallstones

Many people do not know that they have stones in their gall bladder. This is because they do not have any pain. Others will have pain caused by swelling (inflammation) of the stones. They irritate the lining of the gall bladder.

- **Biliary colic and acute cholecystitis:** Gallstones can cause pain that comes and goes. This is called billiard colic. They can also make the gallbladder very sore and swollen. This is called acute cholecystitis. This can cause strong pain that does not go away, a high temperature (fever), feeling sick, and a bloated tummy. The pain from biliary colic can be very strong, but it can usually be helped with pain medicine.
- **Jaundice:** Sometimes a stone may move out of the gall bladder and into the main bile duct. This blocks the flow of bile from the liver. As the bile cannot drain into the intestines, it spills into the bloodstream causing the patient to become ‘yellow’. You can get severe itching as the bile irritates the skin. Some of the bile will be passed in pee (urine). This makes your pee become very dark in colour. After a while your poo (bowel motions) will become very pale. This is because the bile gives colour to the poo. They may be difficult to flush away, as they contain undigested fats.
- **Pancreatitis:** The pancreas makes enzymes that mix with the food to help digestion. The tube (duct) which carries this fluid joins with the ducts that carry bile into the intestines. If a stone escapes from the gall bladder, it may block the ducts. This condition is very painful and can be serious.
- **Cholangitis:** It happens when a blocked bile duct becomes infected. This problem is quite rare.

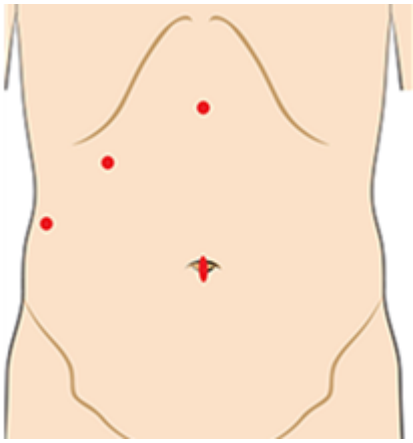
What is a laparoscopic cholecystectomy?

This is a ‘keyhole’ surgery to remove your gall bladder. We do this under a general anaesthetic. This means you will be asleep. It often takes between 30 minutes to 2 hours to the surgery. This depends on your individual circumstances.

We will make small cuts (port sites) in your tummy (abdomen). We then place hollow tubes (ports) into the cuts. The surgeon passes instruments through these tubes to do the surgery. They pump carbon dioxide gas through 1 of these ports to inflate the tummy (abdomen). This makes it is easier for the surgeon to get to your gall bladder.

The gall bladder is removed through your belly button or through 1 of the port sites. The skin wounds left after this surgery will be closed with:

- a stitch which slowly dissolves,
- or a stitch that will need removing by a healthcare professional.



The surgeon will decide on the type of stitches you will get. The diagram shows roughly where the cuts may be made.

Sometimes we may take X-rays during the surgery of the ducts draining the liver. This is called an ‘on-table cholangiogram’ (OTC).

Are there any risks?

Laparoscopic surgery is a very effective and safe procedure. More than 95% of patients do not have any problems related to this surgery. There are some specific risks and complications you should be know of:

- **Bile duct injury:** this is the most serious complication. It is uncommon. It happens in up to 1 in 650 of cases. The main bile duct can be damaged during the surgery. If this happens you may need a major surgery to repair it. You should talk about this with your surgeon.
- **Bile leak:** for some patients (about 1 in 100) bile may leak into their abdomen after surgery. This may cause pain, feeling sick (nausea) and a fever. These may not start until 2 days after surgery. If you are feeling unwell at home a few days after your surgery with signs of a fever or your abdomen is becoming larger and/or tender, you must get medical help. In some cases a surgery is needed to try and find a cause of the bile leak.
- **Changing from keyhole to open surgery:** sometimes (in about 1 in 100 patients), the surgeon will not be able to do keyhole surgery. The surgeon will make a bigger cut in the right-hand side, under your right rib. The surgeon may do this if they feel it is unsafe to go ahead with keyhole surgery. Or if your gallbladder is difficult to access because of a scar tissue from earlier surgery or earlier attacks of pain. If your surgeon has to change your keyhole surgery to the open method, then it will mean you will stay in hospital for a few days longer. Your recovery at home may be longer (4 to 6 weeks).
- **A bigger operation:** sometimes gallstones may have caused other problems such as holes (fistulae) between the gallbladder and the bile duct or bowel (about 1 in 100). Or sometimes gallbladder infection (cholecystitis) has caused a hole (perforation) in it. In this case the surgeon may need to do a bigger operation involving the bowel or bile duct. Sometimes a drain needs to be left in for some weeks to help these heal.
- **Damage to your intestines:** if you have had surgery before in the abdomen, you may have scarring. This may make the keyhole surgery difficult. Sometimes, the small or large bowel can be damaged because of this.
- **Deep vein thrombosis (DVT, blood clot in the lower leg):** You will have a risk assessment and if needed you will be offered blood thinning medication and/ or compression stockings to reduce your risk. Visit: www.yourhealth.leicestershospitals.nhs.uk and search for ‘Reducing the risk of blood clots while you are in hospital’ or leaflet number 338 for more information. Or ask a member of staff for a copy. You will also be encouraged to get up and move around after your surgery as soon as the effects of the anaesthetic have worn off.
- **Chest infection:** if you smoke, you must stop smoking about 2 weeks before your surgery. This will help reduce the risk of a chest infection.
- **Bowel disturbance:** some people notice an increase in how often they have a bowel movement. This may settle within a few months. Some patients may need tablets if this becomes a problem.
- **Port site hernia:** In about 1 in 100 patients, a small weakness will remain in the cuts made in the belly button. This can develop a hernia which may need a surgery in the future.

Is there any other treatment available?

In the past different methods were tried to dissolve gallstones through tablets or by laser treatment. There is no strong evidence that they work in the short or long term. Your body can work normally without the gall bladder, so taking it out may be the recommended treatment.

Sometimes, your surgeon may decide that a “watch and wait” approach is best and that no treatment is needed at this time. The reasons for this will be explained to you fully.

Gallbladder polyp

A gallbladder polyp is a small, abnormal growth of tissue that sticks out (protrudes) from the lining of the inside of the gallbladder. They are fairly common and 95 percent are non-cancerous (benign). The size and features of a gallbladder polyp can help predict if it is cancerous (malignant) or not.

You may be having this surgery for gallbladder polyps instead of gallstones. Not all patients diagnosed with gallbladder polyps need a surgery. However, surgery is usually offered if you are having symptoms similar to gallstones, there are multiple polyps, the size is 1cm or more, or there is a high probability of cancer.

If you do not have any symptoms and the size of the polyp is less than 1cm, you will be monitored with regular ultrasound scans. If the size of the polyp increases during follow up scans, we will talk to you about the possibility of having your gallbladder removed.

What are the benefits of laparoscopic rather than open surgery?

- Smaller cut,
- Less scarring,
- Less pain,
- Less risk of infection,
- Shorter hospital stay (most patients are able to go home the same day),
- Shorter recovery time (usually about 2 weeks but it can be up to 6 weeks before you feel back to normal).

Preparing for your admission

You will have a ‘pre-assessment’ appointment on a different day. This will either be:

In the pre-assessment clinic: you must attend this. If you do not attend, your surgery may be postponed or cancelled.

- At this clinic a member of the nursing team will see you. They will check that you are fit the surgery. They will also be able to explain more about the procedure and answer any questions that you may have.
- You may also be seen by a doctor who will examine you and may ask for you to have some tests.

During your clinic appointment with your surgeon: You may be sent for blood tests and MRSA screening. In this situation, you will be given some forms to fill in at home and bring with you on the day of your surgery.

Medicines

- Please tell your surgeon if you are taking any medicines. You will be told if you need to stop any of your medicines before your surgery.
- If you are taking any medicines that thin your blood, such as aspirin, warfarin, rivaroxaban or clopidogrel, you must tell us as soon as possible.
- Please bring your medicines into hospital with you when you are admitted.
- If you are taking the oral birth control (contraceptive) pill, you may be advised to stop taking these 4 to 6 weeks before your surgery. This is because there is a slightly higher risk of a deep vein thrombosis (DVT). You will need to use a different method of contraception during this time. You will be able to go back on the pill after your surgery.

Preparing for your surgery

Once a date has been agreed for your surgery, you will be sent a letter confirming this. The letter will tell you when you need to stop eating and drinking.

The following points should be noted before coming into hospital:

- If you smoke, you must stop smoking 48 hours (2 days) before your surgery. The hospital is a ‘smoke free environment’. This means you cannot smoke in the hospital or in hospital grounds.
- Do not bring valuables into hospital, as we cannot be held responsible for any loss or damage.
- Please remove all jewellery. Let us know at pre-assessment of any jewellery you cannot remove.
- Please remove contact lenses, make-up and nail varnish.
- Take a bath or shower using the special shower gel that was given to you at pre-assessment.
- You do not need to shave your stomach. We will do this if needed.
- You must be collected on the day of your operation by a responsible adult, who must take you home in a car or taxi after your surgery.
- You must have a responsible adult at home with you for at least 24 hours (1 day).
- You must have a phone at home.
- You must not drive, cycle, operate machinery, drink alcohol, or be alone for a minimum of 24 hours (1 day) after your surgery.

What do I need to bring with me on the day of the surgery?

- Your appointment letter. The time you are given to arrive is not the time of your surgery. The surgeon and anaesthetist need to see you before the start of the operating list. You may be waiting for up to 4 hours.

- Any drugs, medicines or inhalers you are using. Please take any medicines you need before you come in. The pre-assessment nurse will tell you when you should take your medicines. Please consult your GP or clinic about stopping blood thinning medicines before your surgery.
- A dressing gown and slippers, if you have them.
- Something to do while you are waiting such as a book or magazine.
- Bring a contact number for the person who is taking you home.
- Only bring an overnight bag if you have been told at pre-assessment, if needed. Most patients will go home on the day of their surgery.

Arrival at the hospital

To help things go as smoothly as possible, please read the following important information:

- If you are ill, or cannot keep your appointment for any other reason, please let us know as early as possible. We may be able to offer it to another patient.
- Please follow the instructions from your pre- assessment appointment about taking your medicines.
- The operating list can be a morning list, an afternoon list or an all-day list, depending on the surgeon. Please be prepared to wait. If you are likely to be waiting for longer than expected the nursing staff will explain the reasons for this.

What will happen on the day of the surgery?

You should come to Theatre Arrivals, or the ward named in your letter. Your details will be checked. You will be directed to a waiting area, where the nurse will collect you.

The nurse will talk to you about the surgery and ask you a few questions.

You will meet one of the surgical team who will check you have signed a consent form. Before you sign this form, please ask if there is anything you do not understand.

You will be visited by the anaesthetist. This is the doctor will look after you when you are asleep.

You will need to change into a theatre gown. The nurse will ask you to do this on arrival.

You will then be directed to a same-sex waiting area to wait for surgery.

Recovery after the surgery

You may be given oxygen until you are fully awake. This is given through a mask which is placed over your nose and mouth.

You may have a ‘drip’ going into the back of your hand. This is normal and will be removed when you are drinking enough fluid.

You may have a wound drain in place. If you have your surgery on the Day Case Unit then the drain may be removed later that day. Otherwise, the drain will normally be removed the day after your surgery.

Recovering on the ward

Most patients go home the same day. After you have come round in the recovery area you will return to the day ward and staff will make sure you are comfortable. They will give you food and drink. If you have any discomfort or sickness please let the staff know so that they can help you.

You will recover on the ward until your nurse is happy that you are well enough to go home. You will need to eat and drink before you can go home. A very small number of patients need to stay overnight if the nurse or doctor feels this is needed.

Recovery at home

Pain

You may have some discomfort but it should not stop you from gentle movement and going home. You will be given pain relief whilst you are asleep. You should wake up feeling reasonably comfortable. If you have pain, please tell the nurse looking after you.

You may have some shoulder pain and/or lower back pain. This is caused by the gas pumped into your abdomen during the surgery which presses under the rib cage. Moving around will help to ease this and it often settles within 1 or 2 days.

You will be prescribed painkillers to take home with you. If you are in pain you must take these according to the instructions on the packaging. It is much better to keep pain under control than to try and treat it when it has become unbearable.

If your surgeon has to change to ‘open’ surgery, we will give you stronger pain relief to make sure that you have a comfortable recovery. You may have an infusion of local anaesthetic into your wound. This is delivered by a special plastic tube that sits just under your wound. You may also have a button to press that delivers pain killers directly into your bloodstream.

Sickness

A few patients feel sick after a general anaesthetic. Please tell the nurse looking after you if you feel sick. We can give you medicine to help relieve this.

Wound care

You will have small plasters over your wounds. You may remove them 4 to 5 days after your surgery. They must be kept clean and dry. The ward staff will give you some clean dressings to take home. A small amount of leakage is normal.

After this time you may choose not to cover the wounds, although you can apply new dressings to protect your clothes.

You may have a shower when you are at home. It is perfectly safe for water to splash onto the wounds in the shower. If you take a bath, make sure the water is shallow. Do not submerge your wound in water. Afterwards gently pat the skin dry around the wounds with a clean towel.

The wounds may itch and there may be bruising. This is quite normal and will settle in the same way as any other bruise. A small number of people get a wound infection after surgery, particularly if the gall bladder is infected or contains pus.

The signs of infection are:

- redness,
- swelling,
- heat,
- leaking fluid,
- smell or tenderness around the wound edges,

If you think your wounds are infected, please contact your GP as you may need a short course of antibiotics. Sometimes you may need another surgery to release the pus from an infected area.

If you have skin stiches that need to be removed, this is often done at your GP surgery. The ward will arrange this before you leave hospital.

Diet

There is no specific dietary restrictions after removal of your gallbladder. You can eat and drink normally. You may want to increase your intake of foods at your own pace. You may find eating little and often is easier in the first few days after your surgery.

It is always best to have a well-balanced diet. Please speak to your GP if you need advice on a healthy and balanced diet.

Getting up and about

It is very important to get moving quite soon after your surgery. You must not get out of bed the first time without the help of a nurse, as you may feel dizzy. When you go home you should keep on walking around doing a little bit more each day.

Once you have left hospital, if you have any of the following symptoms please contact us as soon as possible:

- a temperature or fever,
- severe stomach pain,
- a swollen stomach,
- being sick a lot (severe or uncontrolled vomiting),
- jaundice (yellowing of the eyes or skin),

General advice

Most people go home the same day. Once you have been discharged from hospital do not compare your recovery with other people who have had the same operation. We are all different and recover at different rates.

Follow up

Usually, no follow-up with the hospital is needed. However, you may get a phone call from the ward you were discharged from to check you are recovering as expected.

Contact details

If at any time after being sent home you are concerned about any symptoms or problems, you should contact your GP or the hospital you were recently discharged from. If you need to get help it would be helpful if you are able to tell them:

- the name of your consultant
- the operation that you had
- the date of your surgery
- your hospital number

Please also make a note of the name of the person that you speak to for advice.

Please contact the relevant hospital:

Ward 36 Glenfield Hospital: **0116 258 4623**

Ward 35 Glenfield Hospital: **0116 258 4646**

HPB triage, Monday to Friday 10am to 6pm: **0116 258 3664**

24 hour contact numbers:

Surgical Admissions (SAU): **0116 258 5332**

More information

Surgeons at the Leicester Royal Infirmary, Leicester General Hospital and Glenfield Hospital do these operations. You might notice slight differences between the information in this booklet and the care you get. This is not something to be concerned about as it is normal for there to be differences between individual surgeons and their teams.

Health information and support is available at www.nhs.uk or call 111 for non-emergency medical advice
Visit www.uhleicester.nhs.uk for maps and information about visiting Leicester's Hospitals.
To give feedback about this information sheet, contact uhl-tr.informationforpatientsmailbox@nhs.net

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہِ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।

إذا كنت ترغب في الحصول على هذه المعلومات بلغةٍ أُخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل

Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો.

If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email uhl-tr.equalitymailbox@nhs.net

We are a research hospital and you may be asked to take part in research

Re-use of this leaflet is restricted by Creative Commons license