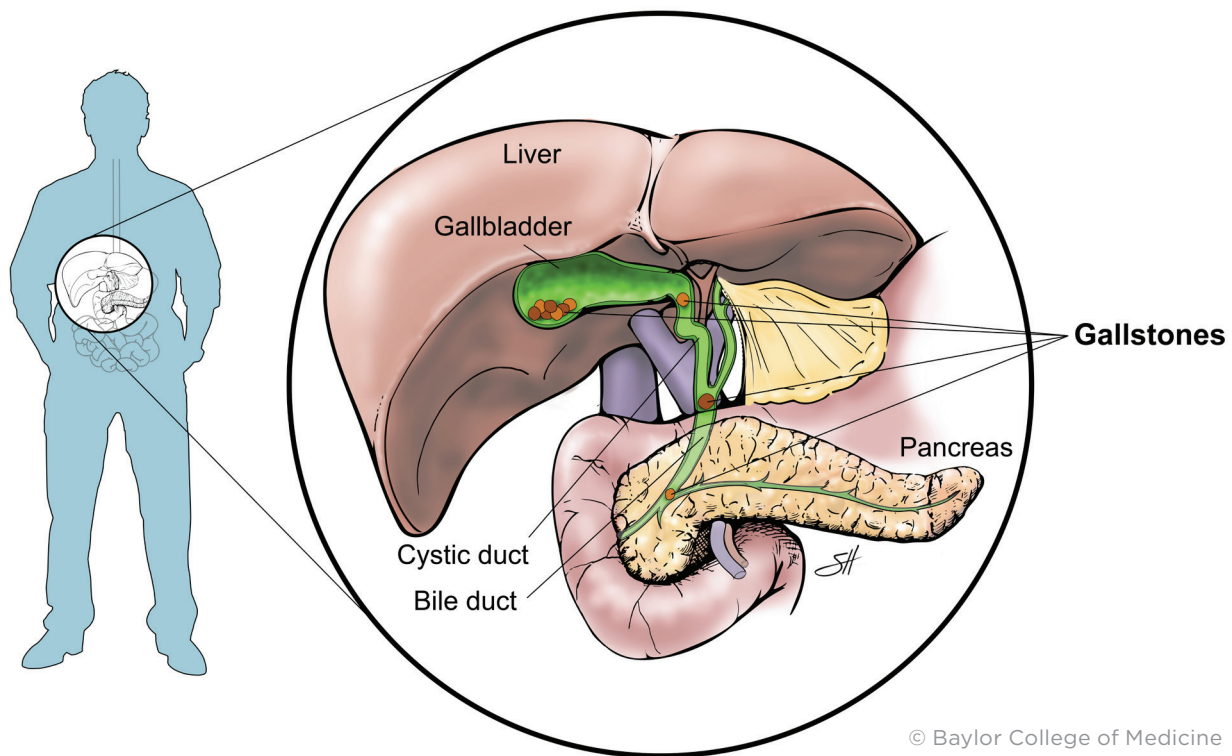


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A cholecystectomy is a surgical removal of the gallbladder. The most common reason for removing the gallbladder is the presence of stones inside, which can be caused by diet and/or genetics. If the stones are not causing symptoms, then the gallbladder does not need to be removed. However, these stones often cause abdominal pain and nausea immediately after eating. If the pain is significant and you are healthy enough to have surgery, removal of the gallbladder may improve these symptoms. It is impossible to get rid of the stones without removing the gallbladder.

Sometimes the stones can leave the gallbladder and get stuck in the bile duct, causing a bile duct infection or inflammation of the pancreas. The stones can also get stuck leaving the gallbladder and cause a gallbladder infection. Removal of the gallbladder makes it less likely to have these problems. Less common reasons for cholecystectomy include gallbladder masses that are not stones and improper squeezing of the gallbladder, which causes pain.

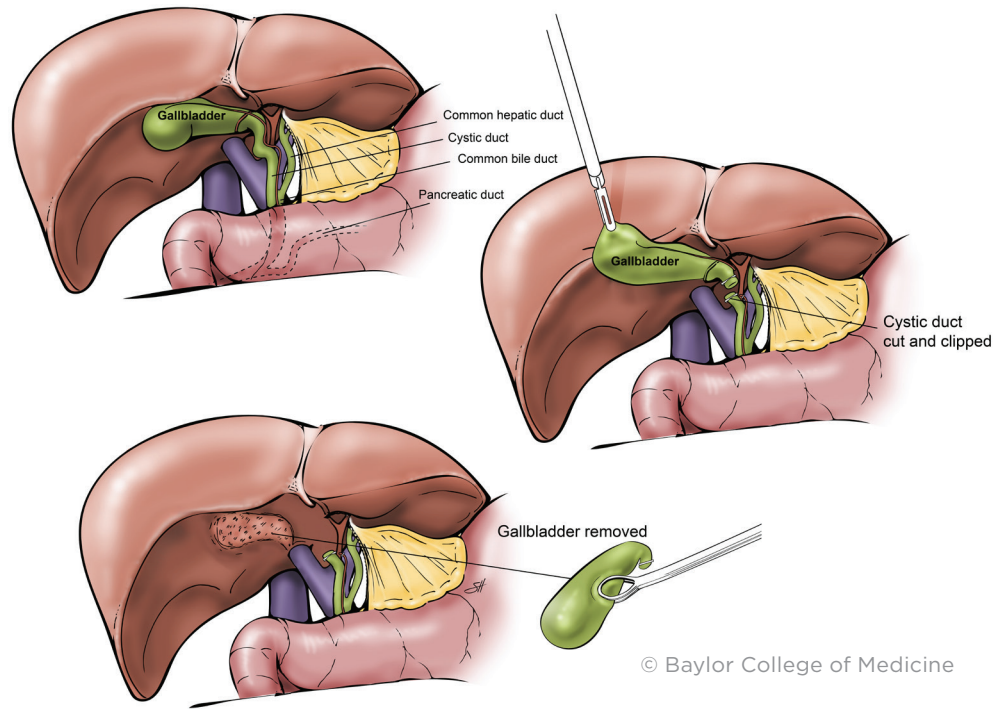
Do I need my gallbladder?

Your gallbladder helps your body break down and store a substance called bile, which helps digest fats. While the gallbladder has a job in the digestion process, it's not essential for your overall health. Your liver can still make bile and send it directly to your small intestine, so that you can digest fats even without a gallbladder.

VARIATIONS OF THE SURGERY

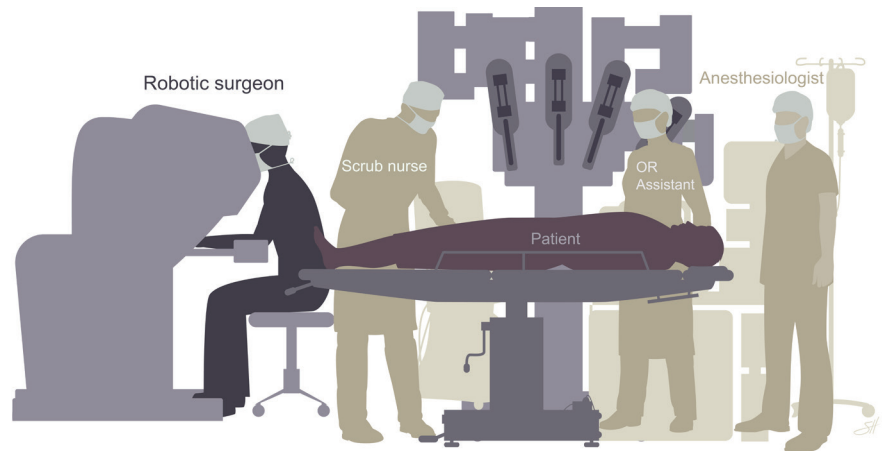
Laparoscopic Cholecystectomy

Laparoscopic cholecystectomy is performed using long instruments through four small incisions. A camera is placed into the largest incision, and long instruments are used in the three other incisions to cut and remove the gallbladder through one of the incisions. The surgery usually takes about one hour.



Robotic-Assisted Laparoscopic Cholecystectomy

Robotic-assisted laparoscopic cholecystectomy is performed using a surgical robot machine to move long instruments. Using the robot, the surgeon is able to perform the surgery with smaller movements and through smaller incisions with a magnified view.



Robotic Surgery Operating Room
Some surgeons offer robotic-assisted gallbladder removal.

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Open Cholecystectomy

Occasionally, a patient is not a candidate for laparoscopic or robotic surgery due to other health concerns. Other times, laparoscopic or robotic surgery cannot be safely completed, and the surgeon decides to make a bigger incision. In this case, one large incision is made on the right side of the abdomen following the contour of the rib cage. The surgery is then performed through that incision.

During Surgery

- You will be given anesthesia, so you will be asleep and pain-free.
- You will receive fluids and medicines during the surgery through an intravenous line (IV).
- A tube will be placed down your throat to help you breathe during the surgery. This will usually be removed before you wake up.
- Your surgeon will take out the gallbladder through one of the incisions.
- The skin is closed with stitches that go under your skin and will dissolve in about a month.
- The wound is covered with paper strips or surgical glue. Some surgeons may also use a gauze dressing on top of the wound.

After Surgery

Recovery – What to Expect

Most patients that undergo a laparoscopic or robotic-assisted laparoscopic cholecystectomy are able to go home the day of surgery after they wake up. Patients that undergo an open cholecystectomy typically need to stay in the hospital for a few days after surgery for pain control.

Pain

Expect to have pain at the incision sites for a few days all the way up to a few weeks. The pain should get progressively better and not worse. Your surgery team may give you prescription pain medication for this pain. You should wean off the strong pain medications to using over-the-counter-pain medications such as acetaminophen (Tylenol) or ibuprofen (Motrin) as soon as you are able. Follow the dosing instructions indicated on the label of these medications.

You may notice pain in your shoulder which occurs from blowing up your abdomen with air during surgery. You may also notice pain in your throat from the breathing tube. Both of these types of pain should improve within a few days.

Nutrition

You may have mild nausea or bloating for the first few days. If this occurs, stick to a simple bland diet until the nausea improves. Fatty or greasy foods may cause diarrhea the first week or two after surgery. Most patients can return to eating a normal diet after this surgery.

Work

- Most patients can return to light activities after a week or two.
- Wait six weeks before doing any heavy lifting over 10 pounds. If you regularly do heavy lifting at work, please discuss with your employer ahead of time to see what accommodations will be available to you. You should be ready to return to light duty after a week or two.
- If you need FMLA paperwork completed or a letter to return to work, please contact your surgeon's office to discuss as soon as possible. Please allow one week to get these documents completed.

Incision Site

- It is okay to shower and get the incisions wet 24 hours after your surgery. However do not soak the incisions, such as in hot tubs, swimming pools or bathtubs for two weeks.
- If you have plastic dressings on the incisions, you may shower over them. The plastic dressing should be removed the second day after surgery.
- If you have small paper strips, you may shower over them, and they will fall off on their own eventually. It is normal for the strips to be stained with blood.
- If you have surgical glue, it will flake off on its own.

Activity

- Do not drive until you are off prescriptive pain medications. This is usually one or two weeks.
- Do not lift, push, or pull anything heavier than 10 pounds for the next six weeks. This will prevent you from getting a hernia at one of your incisions.

Bowel movements

- Constipation is a common problem when you are taking pain medications.
- If you feel like you are getting constipated, begin taking an over-the-counter laxative like Miralax or milk of magnesia.
- However, if you get bloated or have nausea and vomiting, it may be more than just constipation. Call the office for instructions.

Your follow-up appointment will be scheduled and communicated to you before you are discharged. It will be set up for about a week after your surgery.

Follow-Up

Your surgery team will discuss your follow-up plan with you. An in-person follow-up may not be necessary if you are doing well after surgery.

Call your doctor right away if you have any of the following symptoms:



- Fever of 100.4°F or higher
- Drainage or bleeding from the incision (more than a few drops)
- Signs of infection around the incision (redness, drainage, warmth, pain)
- Incision that opens up or pulls apart
- Persistent nausea, vomiting, or diarrhea



For non-urgent concerns, MyChart is a great way to get in touch with your surgery team by sending secure messages. You may also attach photos if you have concerns about your incision site. If you do not have Baylor MyChart, call the office and the staff will assist you in setting it up.

If you have an urgent surgical concern after hours, please call the office number. The answering service will connect you with the on-call surgeon.

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