
Gallbladder removal - laparoscopic

Definition

Laparoscopic gallbladder removal is surgery to remove the gallbladder using a medical device called a laparoscope.

Alternative Names

Cholecystectomy - laparoscopic

Description

Surgery using a laparoscope is the most common way to remove the gallbladder. A laparoscope is a thin, lighted tube that lets the doctor see inside your belly.

Gallbladder removal surgery is done while you are under general anesthesia so you will be asleep and pain-free.

- The surgeon will make three to four small cuts in your belly.
- The laparoscope will be inserted through one of the cuts.
- Other medical instruments will be inserted through the other cuts.
- Gas will be pumped into your belly to expand the space. This gives the surgeon more room to work.

The gallbladder is then removed using the laparoscope.

An x-ray called a cholangiogram may be done during your surgery.

- To do this test, dye is injected into your common bile duct and an x-ray picture is taken. The dye helps find stones that may be outside your gallbladder.
- If other stones are found, the surgeon may remove them with a special instrument.

Sometimes the surgeon cannot safely take out the gallbladder using a laparoscope. In this case, the surgeon will use open surgery, in which a larger cut is made.

Why the Procedure Is Performed

You may need gallbladder removal surgery if you have pain or other symptoms from gallstones. You may also need it if your gallbladder is not working normally.

Common symptoms may include:

- Indigestion
- Pain after eating, usually in the upper right or upper middle area of your belly (epigastric pain)
- Nausea and vomiting

Most people have a quicker recover and fewer problems from surgery through a laparoscope than with open surgery.

Risks

The risks for any anesthesia include:

- Reactions to drugs you are given
- Breathing problems
- Pneumonia
- Heart problems
- Blood clots in the legs or lungs

The risks for gallbladder surgery include:

- Bleeding
- Damage to the blood vessels that go to the liver
- Infection in your belly

- Injury to the common bile duct
- Injury to the small intestine
- Pancreatitis (inflammation in the pancreas)

Before the Procedure

You may have the following tests done before your surgery:

- Blood tests (complete blood count, electrolytes, and kidney tests)
- Chest x-ray or electrocardiogram (EKG), for some people
- Several x-rays of the gallbladder

Always tell your doctor or nurse:

- If you are or might be pregnant
- What drugs, vitamins, and other supplements you are taking, even ones you bought without a prescription

During the week before your surgery:

- You may be asked to stop taking aspirin, ibuprofen (Advil, Motrin), vitamin E, warfarin (Coumadin), and any other drugs that make it hard for your blood to clot.
- Ask your doctor which drugs you should still take on the day of your surgery.
- Your doctor or nurse will tell you when to arrive at the hospital.

On the day of your surgery:

- Do not eat or drink anything after midnight the night before your surgery.
- Take the drugs your doctor told you to take with a small sip of water.
- Shower the night before or the morning of your surgery.

Prepare your home for after the surgery.

After the Procedure

If you do not have any signs of problems, you will be able to go home when you are able to drink liquids easily. Most people go home on the same day or the day after this surgery.

If there were problems during your surgery, or if you have bleeding, a lot of pain, or a fever, you may need to stay in the hospital longer.

Outlook (Prognosis)

Most patients recover quickly and have good results from this procedure.

References

Jackson PG, Evans SRT. Biliary system. In: Townsend CM Jr, Beauchamp RD, Evers BM, Mattox KL, eds. *Sabiston Textbook of Surgery*. 19th ed. Philadelphia, PA: Saunders Elsevier; 2012:chap 55.

Gurusamy KS. Surgical treatment of gallstones. *Gastroenterol Clin North Am*. 2010;39:229-244.

Keus F, Gooszen HG, van Laarhoven CJ. Open, small-incision, or laparoscopic cholecystectomy for patients with symptomatic cholecystolithiasis. An overview of Cochrane Hepato-Biliary Group reviews. *Cochrane Database Syst Rev*. 2010;(1):CD008318.

Notes:

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Reviewed By: Joshua Kunin, MD, Consulting Colorectal Surgeon, Zichron Yaakov, Israel. Also reviewed by David Zieve, MD, MHA, Bethanne Black, and the A.D.A.M. Editorial team.



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