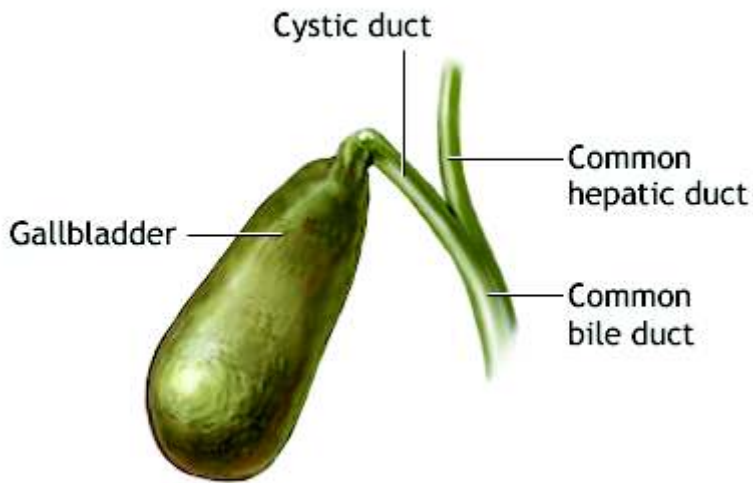
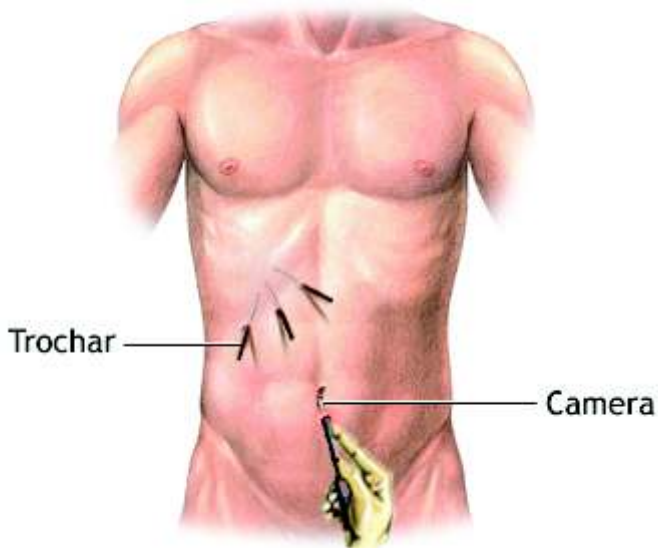


Gallbladder removal - laparoscopic



ADAM.



ADAM.

Definition

Gallbladder removal - laparoscopic

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

Alternative Names

Cholecystectomy - laparoscopic; Surgery - gallbladder - 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. To perform the surgery:

The operation is done the following way:

- The surgeon makes 3 to 4 small cuts in your belly.
- The laparoscope is inserted through one of the cuts.
- Other medical instruments are inserted through the other cuts.
- Gas is pumped into your belly to expand the space. This gives the surgeon more room to see and work.

The gallbladder is then removed using the laparoscope and other instruments.

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 this 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, including bloating, heartburn, and gas
- Pain after eating, usually in the upper right or upper middle area of your belly (epigastric pain)

Gallbladder removal - laparoscopic

- Nausea and vomiting

Most people have a quicker recovery and fewer problems with laparoscopic surgery than with open surgery.

Risks

Risks for anesthesia and surgery in general include:

- Reactions to medicines
- Breathing problems
- Bleeding, blood clots
- Infection

Risks for gallbladder surgery include:

- Damage to the blood vessels that go to the liver
- Injury to the common bile duct
- Injury to the small intestine
- Pancreatitis (inflammation of 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
- Ultrasound of the gallbladder

Tell your health care provider:

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

During the week before surgery:

- You may be asked to stop taking aspirin, ibuprofen (Advil, Motrin), vitamin E, warfarin (Coumadin), and any other drugs that put you at higher risk of bleeding during surgery.
- Ask your doctor which drugs you should still take on the day of your surgery.
- Prepare your home for any problems you might have getting around after the surgery.

Gallbladder removal - laparoscopic

- Your doctor or nurse will tell you when to arrive at the hospital.

On the day of surgery:

- Follow instructions about when to stop eating and drinking.
- 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.
- Arrive at the hospital on time.

After the Procedure

If you do not have any problems, you will be able to go home when you are able to drink liquids easily and your pain can be treated with pain pills. Most people go home on the same day or the day after this surgery.

If there were problems during 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 people recover quickly and have good results from this procedure.

References

Glasgow RE, Mulvihill SJ. Treatment of gallstone disease: In: Feldman M, Friedman LS, Brandt LJ, eds. *Sleisenger and Fordtran's Gastrointestinal and Liver Disease Pathophysiology/Diagnosis/Management*. 10th ed. Philadelphia, PA: Elsevier Saunders; 2016:chap 66.

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: Elsevier Saunders; 2012:chap 55.

Review Date: 7/28/2015

Reviewed By: Debra G. Wechter, MD, FACS, general surgery practice specializing in breast cancer, Virginia Mason Medical Center, Seattle, WA. Also reviewed by David Zieve, MD, MHA, Isla Ogilvie, PhD, and the A.D.A.M. Editorial team.