

Information leaflet for parents/carers

Cholecystectomy

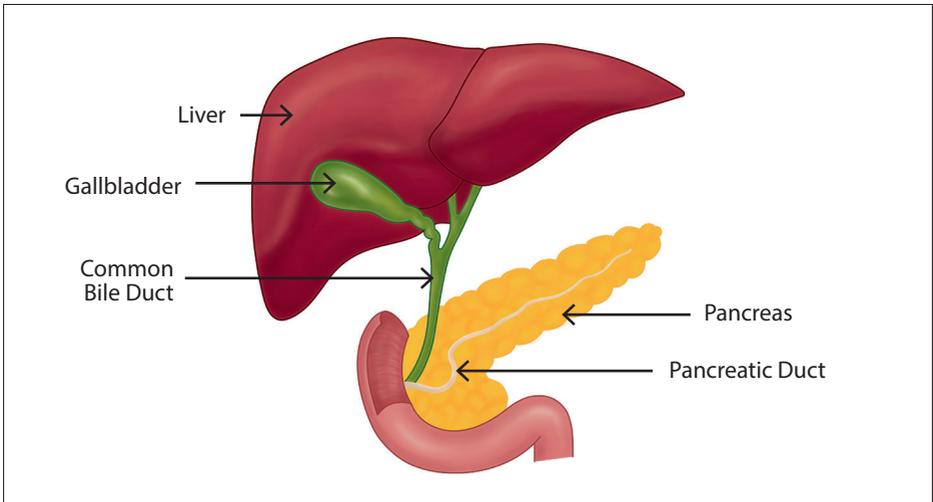


What is a Cholecystectomy?

This is an operation to remove the gallbladder.

What is the gallbladder?

The gallbladder is a small reservoir of bile sited just under the liver. Bile is a green liquid produced by the liver, and stored in the gallbladder between meals. When we eat fatty foods, the gallbladder contracts and empties extra bile into the bowel which mixes with food helping with the digestion and absorption of fat.



Why does my child need to have their gallbladder removed?

Usually a child needs to have the gallbladder removed because they are experiencing pain due to gallstones. Gallstones are small stones which form in the gallbladder and can cause a range of problems including pain, infection and blockage of the bile tubes.

What a Cholecystectomy involves?

The operation is usually performed by 'keyhole' surgery and it is carried out under general anaesthesia (your child will be put to sleep). A harmless gas (carbon dioxide) is used to inflate the tummy to make space for the operation to be performed. This gas will disperse naturally after the operation. Four small 'keyholes' cuts are made in your child's tummy wall. Through these holes, special instruments are used to free the gallbladder from underneath the liver and remove it completely. Rarely, the operation is started using the keyhole technique, but it is not possible to complete the operation this way. In this case, the operation will be converted to open surgery. In open surgery, a slightly bigger cut (10-15 cms long) is made underneath the right ribs. This takes longer to heal than the keyhole surgery wound and the recovery will be slower. This means that your child's stay in hospital will be a little longer.

What are the risks of a Cholecystectomy?

The possible risks and complications for a cholecystectomy include:

- Bleeding and bruising: This is usually small and resolve by itself.
- Wound infection: If this happens, your child will require some antibiotics.
- Incisional hernia. This is when some fat from inside the tummy pops through one of the keyhole wounds. This will require another operation to fix it.
- Persistent pain: Some pain may persist in a minority of cases even after removal of the gallbladder. In most cases this pain will go away, but if not then further management will be discussed with you by the surgeon.
- Injury to the main bile duct: This is very rare, but in this case further surgery will be needed to repair the injury.

Is there an alternative to surgery for gallstones?

There are no alternatives. The only successful treatment is to remove the gallbladder completely. The results of this operation are good and most patients can return to eating a normal diet.

Can my child have a normal life without their gallbladder?

Yes. The gallbladder is just a reservoir for bile and we can live without it. Your child will be able to eat a normal diet. However, some patients notice that their stools ('poo') are a little looser than before the operation.

Preparation before the operation

Your child will normally come to the hospital on the day of the operation where they will be reviewed by the nursing staff, the surgeons and the anaesthetist (the doctor who gives your child the medicine to go to sleep).

Some children with other medical problems may be invited to attend one of our pre-operative assessment clinics a few weeks before the surgery date. This is to ensure you and your child are fully informed about the planned surgery, are seen in advance by the anaesthetist, and where we will carry out any other pre-operative investigations, for example blood tests or a chest X-ray.

If your child becomes unwell:

If your child has a cold, cough or illness such as chicken pox the operation will need to be postponed to avoid complications. Please telephone us to discuss any symptoms of illness before coming to hospital (see the 'Further Information' section for contact details).

Starvation times:

Your child will not be able to eat and drink before the operation: it is not safe to have a general anaesthetic with a full stomach. Specific advice about this will be provided in the letter you will receive to confirm the date and time of the operation and the directions for the admission ward on the day. The starvation times will be checked with you during the ward assessment before the operation. It is very important to follow these instructions, otherwise your child's operation may need to be delayed or even cancelled.

What happens on the day of the operation?

You will come to the ward on the morning of the operation where you will be seen by the nursing staff, a member of the surgical team and the anaesthetist. You will have a chance to discuss the procedure again and if not already done so, you will be asked to sign a consent form. On the day of the operation, your child may be given a sedative medicine to help them relax. This will be discussed with you.

You can accompany your child to the anaesthetic room and stay with them until they are asleep. You may be able to attend in the recovery room when your child wakes up.

When can my child go home?

Your child will be able to go home once they are comfortable and back to their normal diet. This is usually 1 - 2 days after surgery. If your child has had an open operation or other medical problems, they may be in hospital for longer.

What care will my child need at home?

Paracetamol ('Calpol') and/or Ibuprofen ('Brufen') can be given to help prevent manage your child's pain. Please follow the instruction on the medication packaging or bottle.

The sutures (stitches) used to close the wounds are all dissolvable. You can give your child a sponge bath for the first 2 days following surgery, after which you can give them a shower. We would advise that your child doesn't have a bath for 5 days after the operation. Contact sports and heavy physical activity is best avoided for at least 4 weeks after their operation.

Follow up

Your child will be given a follow-up appointment followed up in the children's outpatient department. This will be sent to you in the post. You can report any urgent or general concerns related to the operation after you go home to your GP. Out of hours, you can report these to your child's surgical team, who can be contacted via the hospital switchboard on 0121 333 9999. In an emergency please call 999 or bring your child to the Emergency department of the Birmingham Children's Hospital.

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Looking after and sharing information about you

We have a duty of care to help patients and families understand how information about them is kept and shared and we include the following information in all our patient leaflets:

Information is collected about you relevant to your diagnosis, treatment and care. We store it in written records and electronically on computer. As a necessary part of that care and treatment we may have to share some of your information with other people and organisations who are either responsible or directly involved in your care. This may involve taking your information off site. We may also have to share some of your information for other purposes; such as research etc. Any information that is shared in this way will not identify your child unless we have your consent. If you have any questions and/or do not want us to share that information with others, please talk to the people looking after your child or contact PALS (Patient Advice and Liaison Service) on 0121 333 8403.

Further Information

This information was produced using the latest evidence available. Further details are available upon request. If you need any further information or have any more questions please contact the hospital on 0121 333 999 and ask to speak to your child's Consultant's secretary or ask for the ward from which your child was discharged. This leaflet has been approved by the Department of Paediatric Surgery & Urology at Birmingham Children's Hospital.

Birmingham Children's Hospital NHS Foundation Trust

Steelhouse Lane Birmingham B4 6NH

Telephone 0121 333 9999

Fax: 0121 333 9998

Website: www.bch.nhs.uk

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