Dr Prashant Philip Das

THE PATIENT'S HANDBOOK

Gallbladder Removal through a keyhole.

Everything you need to understand about laparoscopic cholecystectomy — why it's done, what happens on the day, and how to recover well. Written in plain language, so you can decide with confidence.

Laparoscopic / Keyhole

Day-care or 1 night stay

For gallstones & gallbladder disease

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START HERE

What this handbook is for

You've been advised to have your **gallbladder removed** — an operation called a **laparoscopic cholecystectomy**. It is one of the most common and well-established operations in the world, performed through a few small "keyhole" cuts rather than one large incision. This guide walks you through the why, the how, and the recovery, so that you arrive on the day informed and calm.

Understanding your gallbladder

The gallbladder is a small, pear-shaped pouch that sits under your liver on the right side of your upper abdomen. Its job is to **store and concentrate bile** — a fluid made by the liver that helps digest fatty food. When you eat, the gallbladder squeezes bile into your intestine.

Problems begin when **gallstones** form inside it. These are hardened deposits, from a grain of sand to a golf ball in size. They can block the flow of bile and cause pain, inflammation and infection.

~10–15%	3–4	30–60	Days
of adults have gallstones	tiny keyhole incisions	minutes — typical surgery	back to normal life*

Why does the gallbladder need to come out?

Surgery is usually recommended when gallstones are **causing symptoms or complications**. Removing the whole gallbladder (rather than just the stones) is the standard treatment, because stones reliably come back if the gallbladder is left in place. Common reasons include:

Biliary colic

Repeated attacks of intense, gripping pain in the upper-right abdomen, often after fatty meals, sometimes spreading to the back or right shoulder.

Cholecystitis

Inflammation or infection of the gallbladder, causing constant pain, fever and tenderness — this needs prompt treatment.

Stones in the bile duct

Stones that escape into the main bile duct can cause jaundice (yellow eyes/skin) or pancreatitis, a serious inflammation of the pancreas.

Other reasons

Gallbladder polyps, a non-functioning gallbladder, or porcelain (calcified) gallbladder may also need removal.

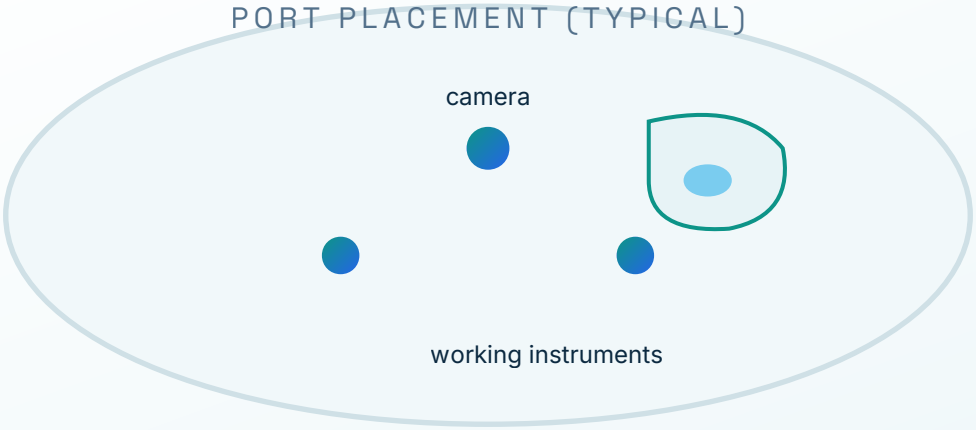
Living without a gallbladder

You can live a completely normal life without your gallbladder. The liver keeps making bile, which simply flows directly into the intestine instead of being stored. Most people notice no lasting change in digestion. A small number find very fatty meals need easing back in gradually — we'll talk about diet before you go home.

THE OPERATION

What "keyhole" surgery means

Instead of one long cut, the surgeon makes a few small incisions (usually **5–10 mm**). A slim telescope with a high-definition camera — the **laparoscope** — is passed through one, projecting a magnified view of the inside onto a screen. Fine instruments work through the others. The gallbladder is carefully separated, the artery and bile duct to it are sealed, and the whole gallbladder is removed through one of the small openings.



Three to four small ports replace one long incision. Exact positions vary by patient.

Laparoscopic vs open surgery

Laparoscopic (keyhole)

- ✓ Small 5–10 mm cuts
- ✓ Much less post-operative pain
- ✓ Day-care or single overnight stay
- ✓ Tiny, fading scars
- ✓ Back to routine in days
- ✓ Lower wound-infection risk

Open (large incision)

- × One long 10–15 cm cut
- × More pain, more painkillers
- × Longer hospital stay
- × Larger permanent scar
- × Weeks to fully recover
- × Reserved for select complex cases

A note on conversion to open surgery

Occasionally — for safety, if the anatomy is unclear or there is heavy inflammation or scarring — the surgeon may decide partway through to switch to an open operation. This is **not a complication**; it is a sound surgical judgement made to protect you. It happens in only a small minority of cases.

BEFORE THE DAY

Preparing for surgery

1

Pre-operative assessment

Blood tests, an ultrasound of the abdomen, and sometimes an ECG or chest X-ray. Tell us about all your medical conditions and allergies.

2 **Medication review**

Some medicines — especially **blood thinners** (e.g. aspirin, clopidogrel, warfarin) and certain diabetes drugs — may need to be paused. Never stop any medication without being told to; we will give clear instructions.

3 **Fasting**

You must have an empty stomach for anaesthesia. Typically: **no food for 6 hours** and **no clear fluids for 2 hours** before surgery. Exact timings will be confirmed.

4 **On admission**

You'll change into a gown, the team will confirm your details and consent, and the anaesthetist will meet you to plan your anaesthesia.

✦ Bring with you

- ✓ All previous reports, scans & prescriptions
- ✓ A list of current medications
- ✓ Insurance / cashless card details
- ✓ Comfortable, loose clothing
- ✓ A family member or friend

✦ Leave at home

- × Jewellery & valuables
- × Nail polish & makeup
- × Contact lenses (wear glasses)
- × Large amounts of cash

On the day of surgery

ARRIVE

Admission & check-in

Paperwork, consent confirmation, and changing into your gown. The site may be marked.

ANAESTHESIA

You go to sleep

The operation is done under general anaesthesia — you are fully asleep and feel nothing.

30–60 MIN

The operation

The gallbladder is removed through the keyhole ports. Most cases take under an hour.

RECOVERY

Waking up

You wake in the recovery area, monitored closely. Some shoulder-tip discomfort from the gas used is normal and settles.

SAME DAY+

Eating & moving

You'll start sips of water, then light food, and be encouraged to walk gently the same evening.

RECOVERY

After your operation

Most people go home the **same day or after one night**. You will feel sore around the small cuts, and may have mild bloating or shoulder-tip ache from the gas used to create space during surgery — this clears within a day or two and is helped by walking.

Your recovery timeline

DAYS 1–2

Rest & gentle movement

Take prescribed painkillers regularly. Walk little and often. Keep wounds clean and dry.

DAYS 3–5

Feeling better

Pain eases markedly. You can shower (pat wounds dry). Light activity around the house is fine.

~1 WEEK

Back to desk work

Many return to light/office work in about a week, depending on how you feel and your job.

2–4 WEEKS

Full activity

Gradually resume exercise, driving and heavy lifting as comfort allows and as advised at follow-up.

✓

Do

- ✓ Walk gently and often to prevent clots
- ✓ Take painkillers as prescribed
- ✓ Keep wounds clean and dry
- ✓ Eat light, balanced meals
- ✓ Drink plenty of fluids
- ✓ Rest when tired

×

Avoid

- × Heavy lifting for 2–4 weeks
- × Strenuous exercise too soon
- × Driving until pain-free & alert
- × Soaking wounds (baths, pools)
- × Very greasy, fatty meals at first
- × Smoking — it slows healing

Eating after gallbladder removal

Most people eat normally within days. Because bile now flows continuously rather than in stored bursts, a few find that **very fatty or fried foods** are best reintroduced gradually. Favour smaller, balanced meals at first, stay well hydrated, and add fibre. Any temporary looser stools usually settle within a few weeks.

SAFETY

Risks & when to seek help

Laparoscopic cholecystectomy is very safe, but no operation is risk-free. Serious complications are uncommon. Being aware of warning signs means problems are caught early.

Generally minor & common

- Soreness around the cuts
- Shoulder-tip ache from gas
- Mild bloating or nausea
- Temporary change in bowel habit

Uncommon, discussed with you

- Bleeding or wound infection
- Bile leak
- Injury to the bile duct or nearby structures
- Retained stone needing further treatment
- Conversion to open surgery

Contact us or go to A&E if you have:

- **Fever or chills** (temperature above 38°C)
- Increasing or severe abdominal pain not helped by painkillers
- Yellowing of the eyes or skin (jaundice), or dark urine
- Redness, swelling, warmth or discharge from a wound
- Persistent vomiting or inability to keep fluids down
- A swollen, painful calf or sudden breathlessness

Your follow-up

You'll have a review appointment to check your wounds and recovery, and to discuss the histology (lab examination) of the gallbladder. Bring any questions — written down so nothing is missed.

Common questions

Will I have big scars?

No. The cuts are small (5–10 mm) and fade considerably over months, often becoming barely noticeable.

Can I digest food normally without a gallbladder?

Yes. The liver continues to produce bile, which flows straight into the intestine. Most people notice no lasting difference.

Is the surgery covered by insurance?

Most laparoscopic procedures are covered by health insurance and cashless schemes, subject to your policy. The hospital's insurance desk can verify your cover before admission.

When can I drive again?

Once you are pain-free, fully alert, off strong painkillers, and can perform an emergency stop comfortably — usually within a week or so.

Questions before your surgery?

Bring your reports and your list of questions to the consultation — an informed decision is always the best one.

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