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Cholecystectomy (Gallbladder Removal)

Cholecystectomy

A cholecystectomy is surgery to remove the gallbladder. It is usually done using keyhole surgery, when a tiny video camera and surgical equipment are inserted through 4 small cuts in the abdomen.

Why is the procedure performed?

The gallbladder is a small organ that sits just below the liver on the right side of your abdomen. It collects and stores bile from your liver, which is used by the gut to help digest food.

Sometimes the gallbladder becomes blocked with gallstones that form from within the bile and can cause pain, bloating, nausea and vomiting. Other complications can also occur, including inflammation of the gallbladder, inflammation of the pancreas, jaundice and infection.

In these cases, a cholecystectomy is performed under general anaesthetic to remove the gallbladder.

Sometimes, gallstones can move into your common bile duct. Bile ducts are 'pipes' that carry bile from the liver to the gallbladder and from the gallbladder to the small intestine. A cholecystectomy and exploration of the bile duct is a procedure to remove your gallbladder as well as any stones found in your common bile duct.

How to prepare for the procedure

If you need to have a cholecystectomy, you will be asked to eat nothing the night before the surgery. If you need to take medications, you may have a sip of water. You should have nothing at all 4 hours before the surgery.

Your surgeon will discuss with you whether to stop taking any medicines or supplements. Make sure you follow all the instructions from your doctor.

Many people go home the same day as the operation, but you may need to stay in hospital. Make sure you arrange for someone to be with you after the surgery since the anaesthetic will make you drowsy.

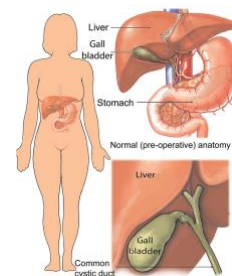
What happens during the procedure

Most cholecystectomies are performed laparoscopically, which means they use keyhole surgery. The surgeon will make 4 small cuts (incisions) in your abdomen so they can introduce a piece of equipment known as a laparoscopic telescope through one of the incisions. This will allow them to see inside your abdomen.

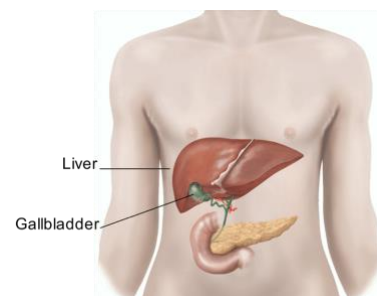
They will then pass metal tubes through the other incisions. The surgeon will put carbon dioxide inside you to lift the wall of the abdomen away from the organs. They will then use surgical clips to close off the ducts and arteries leading to the gallbladder and remove the gallbladder with instruments inserted through the tubes.

After the gallbladder has been removed, the carbon dioxide is allowed to escape before the incisions are stitched or closed with staples. The clips will stay inside you.

If your gallbladder is very inflamed you may need 'open cholecystectomy', which requires a larger cut in your upper abdomen.



Anatomy of the liver and gallbladder



The position of the gallbladder.

What to expect after the procedure

You will be monitored in recovery for some time and will normally be able to go home within 24 hours. You may have

some side effects from the general anaesthetic such as a headache, nausea or vomiting, which can be controlled with medicine.

You will have some pain in your abdomen after the operation, which can be controlled using pain relief. You may also have some pain in your shoulder from the gas used in the operation, which can be eased with walking.

You will have a drip in your arm at first, which will be removed after the anaesthetic wears off. You can take sips of water at first then slowly get back to eating and drinking normally.

Your wounds will have clips or stitches and you may also have a drain in your side to allow fluid to leave your body. This is usually removed the next day. Make sure you keep your wounds clean.

You will be tired at first. Do not drive for the first 7 days, smoke or lift heavy weights. You can expect to recover fully and return to your normal activities within 2 weeks.

Contact your doctor immediately if you have:

- A lot of discharge from the wounds
- A fever
- Pain that can't be controlled by pain relief medicine
- Swelling, tenderness or redness in the abdomen
- Yellow eyes or skin

Risks

A cholecystectomy is a very safe procedure. As with all surgery, however, there is a very small risk of complications, which include:

- Leaking bile
- Bleeding
- Blood clots
- Heart problems
- Infection
- Injury of other organs
- Pancreatitis
- Pneumonia

Sources:

Mater Hospital Brisbane (Laparoscopic cholecystectomy), Mayo Clinic (Cholecystectomy (gallbladder removal)), Queensland Health (Cholecystectomy – Laparoscopic), Healthdirect Australia (Cholecystectomy and exploration of the bile duct), Healthdirect Australia (Open cholecystectomy), Harvard Health Publishing (Bile duct diseases)

Last reviewed: April 2019

Laparoscopic cholecystectomy

This page will give you information about a laparoscopic cholecystectomy. If you have any questions, you should ask your GP or other relevant health professional.

What are the benefits of surgery?

You should be free of pain and able to eat a normal diet. Surgery should also prevent the serious complications that gallstones can cause.

Are there any alternatives to surgery?

Surgery is recommended as it is the only dependable way to cure the condition.

It is possible to dissolve the stones or even shatter them into small pieces but these techniques involve unpleasant drugs that have side effects and a high failure rate. Antibiotics can be used to treat any infection of your gallbladder. Eating a diet low in fat may help to prevent attacks of pain.

What does the operation involve?

The operation is performed under a general anaesthetic and usually takes about an hour. Your surgeon will use laparoscopic (keyhole) surgery as this is associated with less pain, less scarring and a faster return to normal activities. They will make several small cuts on your abdomen so they can insert tubes (ports) into your abdomen. Your surgeon will insert surgical instruments through the ports along with a telescope so they can see inside your abdomen and perform the operation.

Your surgeon will remove your gallbladder from your abdomen through one of the ports.

What complications can happen?

Some of these can be serious and can even cause death.

General complications of any operation

- Pain
- Bleeding
- Unsightly scarring of your skin
- Developing a hernia in the scar
- Infection of the surgical site (wound)
- Blood clot in your leg or lung

Specific complications of this operation

Keyhole surgery complications

- Damage to structures such as your bowel, bladder or blood vessels
- Developing a hernia near one of the cuts
- Surgical emphysema (crackling sensation in your skin caused by trapped carbon dioxide gas)

Cholecystectomy complications

- Leaking of bile or stones
- Retained stones in your common bile duct
- Continued pain
- Needing to go to the toilet more often
- Inflammation of the lining of your abdomen
- Bile duct injury

- Allergic reaction to the equipment, materials, medication or dye
- Bowel injury
- Pancreatitis, if a stone moves into your common bile duct
- Serious damage to your liver or its associated blood vessels
- Tissues can join together in an abnormal way

How soon will I recover?

You should be able to go home the next day. You should be able to return to work after 2 to 4 weeks, depending on how much surgery you need and your type of work.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

You should make a full recovery and be able to return to normal activities and eat a normal diet.

The information on this page should not replace advice that your relevant health professional would give you.

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Open cholecystectomy

This page will give you information about an open cholecystectomy. If you have any questions, you should ask your GP or other relevant health professional.

What are the benefits of surgery?

You should be free of pain and able to eat a normal diet. Surgery should also prevent the serious complications that gallstones can cause.

Are there any alternatives to surgery?

Surgery is recommended as it is the only dependable way to cure the condition.

It is possible to dissolve the stones or even shatter them into small pieces but these techniques involve unpleasant drugs that have side effects and a high failure rate.

Antibiotics can be used to treat any infection of your gallbladder. Eating a diet low in fat may help to prevent attacks of pain.

What does the operation involve?

The operation is performed under a general anaesthetic and usually takes about an hour.

Your surgeon will make a cut on your upper abdomen, either a vertical cut on your midline or, more commonly, a cut just under your right ribcage.

Your surgeon will separate your gallbladder from your liver, and remove it.

What complications can happen?

Some of these can be serious and can even cause death.

General complications of any operation

- Pain
- Bleeding
- Infection of the surgical site (wound)
- Unsightly scarring of your skin
- Developing a hernia in the scar
- Blood clot in your leg
- Blood clot in your lung

Specific complications of this operation

- Leaking of bile or stones
- Retained stones in your common bile duct
- Continued pain
- Needing to go to the toilet more often
- Inflammation of the lining of your abdomen
- Chest infection
- Bile duct injury
- Allergic reaction to the equipment, materials, medication or dye
- Bowel injury
- Continued bowel paralysis (ileus), where your bowel stops working for more than a few days
- Pancreatitis, if a stone moves into your common bile duct
- Serious damage to your liver or its associated blood vessels
- Tissues can join together in an abnormal way

How soon will I recover?

You should be able to go home after 2 to 4 days. You should be able to return to work after about 6 weeks, depending on how much surgery you need and your type of work.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

You should make a full recovery and be able to return to normal activities and eat a normal diet.

The information on this page should not replace advice that your relevant health professional would give you.

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