

LAPROSCOPIC CHOLECYSTECTOMY

This leaflet gives information to parents/carers whose child is having a laparoscopic cholecystectomy.

What is a laparoscopic cholecystectomy?

This is an operation to remove the gall bladder using key-hole surgical techniques.

What is the gall bladder?

Your liver has many functions, one of which is to produce a substance called bile. Bile is a green liquid which drains from the liver into the intestine via the bile duct. The gall bladder is a small reservoir attached to the side of the bile duct where bile can be stored between meals. The gall bladder sits just under the liver which is in the right upper part of the abdomen, just under the ribs.

Bile has many functions, one of which is to allow us to absorb fat. When we eat, particularly fatty foods, the gall bladder contracts and empties extra bile into the bile duct. It is then emptied into the intestine to mix with the food.

Why does my child need to have their gall bladder removed?

It is necessary because either

- There is poor function with related pain or
- Pain is being experienced due to gall stones. These small stones form in the gall bladder and can cause a range of problems including pain and infection.

Gall stones do not always cause symptoms and gall stones which are not causing trouble can usually be left alone.

Can you have a normal life without your gall bladder?

Yes. The gall bladder is a reservoir for bile and we are able to manage without it. Your child will be able to eat a normal diet. Occasionally patients notice that their stools ('poo') are a little looser than before the operation.

The operation

The operation will be carried out under general anaesthetic. Four small 'key- holes' (incision of about 8 -15mm long each) are made in the tummy wall. Through these holes, special instruments are used to free up the gall bladder and its stones from underneath the liver and remove it completely. This is all visualised on a television screen by a miniature camera which is inserted through the bigger one of the four key-holes.

How is the operation different from the traditional one?

The actual operation is the same. The only thing that is different is the way in which we get to the gall bladder to remove it. Traditionally, a small cut (10-15cms long) is made underneath the ribs. This takes longer to heal than the four little holes of key-hole surgery and the recovery is slower.

Is there a guarantee that key-hole surgery can be done?

No, it is not possible to guarantee that the operation can be completed by key-hole surgery. If there is some technical difficulty with removing the gall bladder (for example, the gall bladder is difficult to visualise or remove) then a traditional cut will be needed to remove it. The stay in hospital will be a little longer and the recovery at home will be six to eight weeks.

Is there an alternative to surgery for gall stones?

Unfortunately no alternative exists. The only successful treatment is to remove the gall bladder completely. The results of this operation are good and most patients can return to eating a normal diet.

Risks and complications

The possible risks and complications for a laparoscopic cholecystectomy include:

- Bleeding , bruising and/or infection in one or more of the key-hole sites
- Protrusion of tissue through the wound
- In a minority of cases pain caused by poor function of the gall bladder is not relieved by removal of the gall bladder.
- A very small chance of injury to bile duct

After the operation

- You will be able to be with your child as soon as they wake up in the recovery room.
- Local anaesthetic will be used to stop pain from the 'key-holes'.
- However, some children experience some discomfort around their tummy muscles and shoulders from the gas that is used in laparoscopic surgery. This can be relieved with pain killers.
- Children are able to drink and eat normally after their operations and most children are able to get out of bed within a few hours.
- Home is normally after 1 or the most 2 days

- It will take seven to fourteen days for your child to recover at home; children should be able to return to school after two weeks.

Looking after your child at home

- As the stitches are dissolvable they do not need to be removed.
- You should keep the dressing clean and dry for 48 hrs or as suggested by the treating surgical team (to prevent the stitches dissolving too early)
- Your child may have some discomfort and should regularly be given pain killers such as paracetamol and/or ibuprofen.
- The dressings can gently be pulled off after five days (it is easiest and less painful to do this in the bath)
- Your child should rest at home for two weeks
- If your child develops signs of a wound infection (redness at the site, fever) you should contact your GP
- If your child's pain is not helped by simple pain killers such as paracetamol and/or ibuprofen you should contact your GP

Follow up

You will receive an appointment to attend the outpatient department for a review approximately three months after your child's operation.

Useful contacts for further information

If you have any queries prior to the procedures outlined, and its implications to your child, please contact **Buxton Ward on 01603 286321**.

If you should need any help or advice following your child's surgery you are advised to ring **The Children's Assessment Unit on 01603 289775** for the first 24 hours following surgery, and after this time please contact your own GP for advice.

NHS Direct

TEL: 0845 46 47

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