

Upper Gastrointestinal Surgery - Removal of Gall Bladder

Introduction

The COVID-19 pandemic has had a significant impact on the NHS ability to provide routine elective services. We recognise that patients are waiting longer than we would all like and it is not always possible to identify when treatment will take place. This document provides you with information on how you are able to support yourself while waiting to attend the hospital. The guidance has been written by clinicians who are responsible for your care.

When you are waiting for further treatment it can sometimes feel like a long wait. The information and advice here is aimed at helping you manage that wait so you arrive for your appointment in the best possible physical and mental health.

The NHS has limited resources which means that we are unable to treat you as quickly as we would like. Each healthcare provider has to consider the type of help you need, how quickly you need treatment, the best course of action to help you and when and where you can be seen.

The process of sorting patients based on their individual needs is called prioritisation. The system of prioritisation is applied consistently across the NHS to help us to decide the order in which patients receive their treatment. This is essential to ensure that we provide care based on need. The system means that care is delivered in the fairest way possible.

Once a referral has been made from primary care to secondary care, the specialist team conduct assessments and then agree with you on the right course of action. At this stage, the urgency will be assessed. If you have a long-term health condition, for example, you may need treatment faster than someone without.

Guidance for Patients

What is the gall bladder?

Your liver has many functions, one of which is to produce a substance called bile. This green liquid drains from the liver to the intestine via the bile duct (see diagram below). The gall bladder is a small reservoir attached to the side of the bile duct where bile can be stored and concentrated between meals. When we eat, particularly fatty foods, the gall bladder contracts and empties extra bile into the bile duct and then into the intestine to mix with the food. Bile has many functions, one of which is to allow us to absorb fat. The gall bladder sits just under the liver, which is in the right upper part of the abdomen, just under the ribs.

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Why will I need my gall bladder removed?

Usually this is because it is giving you pain due to gall stones. These small stones form in the gall bladder and can cause a range of problems including pain, jaundice, infection and pancreatitis. They are very common but do not always cause symptoms. Gall stones that are not causing trouble can be left alone.

Before your procedure

Most patients attend a pre-admission clinic, when you will meet a member of the team who will be looking after you. At this clinic, we will ask for details of your medical history and carry out any necessary clinical examinations and investigations. You will also be informed by the doctor you see about where your operation will be carried out. Please ask us any questions about the procedure, and feel free to discuss any concerns you might have at any time. We will ask if you take any tablets or use any other types of medication either prescribed by a doctor or bought over the counter in a pharmacy. Please bring any packaging with you.

This procedure involves the use of anaesthesia. We explain about the different types of anaesthesia or sedation we may use at the end of this leaflet. You will see an anaesthetist before your procedure. They will review your medical history. In particular, you will be asked about your medications and any health problems that you have. They will also ask you about previous anaesthetics you have had and whether you had any problems with these (for example, nausea). You will be asked if you are allergic to anything. They will also want to know about your teeth, whether you wear dentures, have caps or a plate. Your anaesthetist may examine your heart and lungs.

During the procedure

- Before your procedure, you will be given a general anaesthetic. This is usually performed by giving you an injection of medication intravenously (i.e. into a vein) through a small plastic cannula (commonly known as 'a drip'), placed usually in your arm or hand.
- While you are unconscious and unaware your anaesthetist remains with you at all times, monitoring your condition and controlling your anaesthetic. At the end of the operation, your anaesthetist will reverse the anaesthetic and you will regain awareness and consciousness in the recovery room, or as you leave the operating theatre.
- Four small holes (between 0.5cm- 1cm long each) are made in the tummy wall. Through these, we inflate your tummy up with carbon dioxide gas which is completely harmless.
- We then use special long instruments to free up the gall bladder with its stones from underneath the liver and it is completely removed. This is all visualised on a TV screen by a miniature camera inserted through one of the four key-holes. In addition, it is sometimes necessary to perform a special X-ray during the operation called a cholangiogram. This is used to check for stones in the bile duct.
- At the end of the operation, before you wake up, all the puncture sites in your abdomen will be treated with local anaesthetic so that when you first wake up there should be very little pain. Some patients have some discomfort in their shoulders, but this wears off quite quickly.
- The cuts we have made will be covered with small waterproof dressings or absorbable glue.

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After the procedure

Once your surgery is completed

What should I do if my health is deteriorating?

When it's not an emergency please contact the NHS 111 service. **Urgent Health Advice**

For urgent health advice about physical or mental health, when it's not an emergency, please call 111 from any landline or mobile phone. You can also visit www.nhs.uk. The NHS 111 service is available 24 hours a day, seven days a week.

Life Threatening Emergencies

For something life threatening – severe bleeding, breathing difficulties or chest pains – please dial 999.

Contact Us

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