

Gallbladder Removal (Cholecystectomy)

The gallbladder is a small, pear shaped organ on the right side of the abdomen tucked under the liver (Picture 1). The gallbladder stores a liquid called bile that helps with the digestion of fat. When a person eats food with fat in it, bile is released into the small intestine through small tubes called bile ducts. Gallbladder problems can be caused by gallstones. Gallstones are small hard stones that can block the flow of bile out of the gallbladder, causing pain and vomiting.

Symptoms of Gallstones

Your child may have one or all of these symptoms:

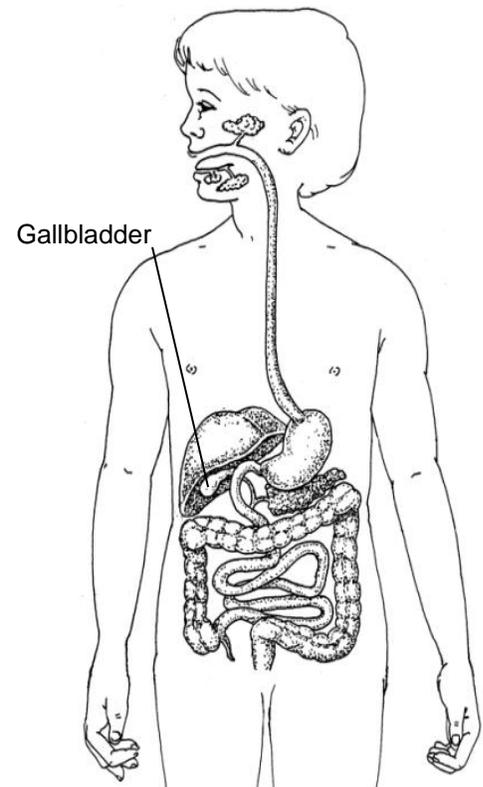
- Sharp pain in the abdomen (belly), often after eating
- Nausea (child feels like he or she is going to vomit)
- Vomiting
- Indigestion or heartburn
- Fever
- Jaundice (a yellowing of the skin)

Tests to Diagnose Gallstones

- Ultrasound, CT scan and X-rays (used to look for causes of belly pain and show gallstones)
- Blood tests (to rule out other causes of belly pain)

Treating Gallstones

Some children have gallstones and never have any problems. Sometimes reducing fat intake can help the pain. Symptoms often continue until the gallbladder is removed.



Picture 1 Gallstones can block the flow of bile and cause vomiting and pain.

Understanding the Surgery

Your child can live a full life without a gallbladder. The surgery to remove the gallbladder is called a cholecystectomy (koe-le-sys-TEC-toe-mee). This involves removing the gallbladder. Your child's surgeon will talk with you about the method that will be used. It will be either an open (longer incision) or laparoscopic procedure (a few small incisions; See the Helping Hand *Laparoscopic Surgeries*, HH-I-283). After the gallbladder is removed, bile goes from the liver directly into the small intestine, instead of being stored in the gallbladder.

After the Surgery

- Your child will wake up in the Post Anesthesia Care Unit (PACU) near the surgery area. He may be in the PACU for 1 to 2 hours. As soon as your child recovers from the anesthetic, he will go to his hospital room.
- Your child will need to get up and walk around soon after surgery. Walking helps “wake up” the bowels, and it helps with breathing and blood circulation.
- Your child will receive needed fluids and pain medicines through an IV (intravenous) line. We will give pain medicine to be taken by mouth when the child is drinking liquids.
- Your child may be discharged the same day of the surgery if the pain is well controlled with pain medicines taken by mouth and he or she is able to eat a regular diet.

Nutrition

Your child will be allowed to eat immediately after surgery. When allowed to eat, he or she will be given clear liquids such as water, Jell-O[®], popsicles, 7-Up[®], fruit punch and broth. If your child has no problems drinking clear liquids, he will be allowed to have a regular meal.

Care of the Incision

Open Surgeries

- The bandage should be kept clean and dry until it falls off on its own (usually 7 to 10 days) or the doctor removes it.
- Your child may have small strips of white tape, called Steri-Strips[™], on the incision. They will fall off on their own in 3 to 7 days.
- Stitches or staples are usually removed 4 to 7 days after surgery or on the day your child goes home.
- Your child may take a shower when discharged to home. No tub baths for 2 weeks following the surgery.

Laparoscopic Surgeries

Please see Helping Hand HH-I-283, *Laparoscopic Surgery*, for care of these incisions.

Activity

- Your child should play quietly for the first week at home or until he sees the doctor at his follow up appointment. This means no heavy lifting, no vigorous activities, no running, swimming or bike riding.
- Your child may return to school on (date) _____.
- He should not take part in contact sports or physical education for 3 weeks.
- Physical education classes should not be taken until (date) _____.

When to Call the Doctor

After you are home, call your child's doctor if:

- Any of the incisions become reddened and warm
- There is drainage or blood around the incision
- The incision becomes more tender or swollen
- The incision begins to separate (pull apart)
- Your child vomits or feels like he or she is going to vomit
- Fever goes over 101°F by mouth or 102°F rectally
- Abdomen becomes distended (full and firm) or your child acts like he has belly pain
- Your child cannot have a bowel movement

If you have any questions or other concerns, be sure to ask your child's doctor or nurse, or call _____.