

PATIENT INFORMATION · PROCEDURE 04

Gallbladder Removal (Laparoscopic Cholecystectomy)

Laparoscopic cholecystectomy for gallstones and biliary disease.

Gallstones are one of the most common reasons for surgical referral. When they cause pain, inflammation (cholecystitis), or infection, the definitive treatment is removal of the gallbladder — a laparoscopic cholecystectomy.

What it involves

The procedure is done through four small incisions in the upper abdomen. The gallbladder is separated from the liver, the cystic duct clipped, and the whole gallbladder removed through the umbilical port. It usually takes under an hour.

The gallbladder stores and concentrates bile between meals. When you eat fat, it contracts and squirts bile into the small intestine to help digest it. Gallstones form when bile becomes chemically unbalanced — they're extremely common (10–15% of adults) and only cause problems in a minority.

Typical gallbladder pain is a deep, gripping right-upper-quadrant pain that starts after a fatty meal, lasts one to six hours, and sometimes radiates to the tip of the right shoulder blade. Nausea, vomiting, and a rising temperature suggest the gallbladder has become inflamed (acute cholecystitis) and requires prompt surgery.

Ultrasound is the definitive test — it's the same scan used in pregnancy, non-invasive and highly accurate for stones. Blood tests check the liver and pancreas. Occasionally a CT or MRCP is needed to look for stones in the bile duct itself.

When it's indicated

Symptomatic gallstones (right-sided upper abdominal pain after fatty meals, radiating to the back or right shoulder), acute cholecystitis, biliary pancreatitis, or gallstones seen on scan with typical symptoms.

The approach

Most patients are discharged the following day and back to normal activity within a week. You can live a completely normal life without a gallbladder — no long-term dietary restrictions.

Recovery

One night in hospital for most patients. Shoulder-tip pain (from residual gas) is common for two to three days and settles with movement and simple analgesia. Return to desk work at one week; gym at two to three weeks. You can eat normally straight away — no permanent dietary restrictions.

Common questions

Do I need my gallbladder?

No — you can live a completely normal life without one. Bile flows continuously from the liver into the intestine instead of being stored and released in a bolus. Most people notice no difference.

Will I need a special diet after surgery?

No permanent diet change. A minority of patients find large very-fatty meals sit less comfortably for the first few months while the body adjusts. This usually settles.

What if my gallstones aren't causing symptoms?

Silent gallstones found incidentally usually don't need surgery. The exception is patients with diabetes, sickle-cell disease, or very large stones — Dr Marais discusses this individually.

How soon can I drive?

When you can perform an emergency stop without hesitation and are off strong painkillers — typically five to seven days. Check your car insurance requirements too.

Can gallstones be dissolved with medication?

Bile-acid dissolution therapy exists but works slowly, only on certain stone types, and stones recur when treatment stops. Surgery is definitive.

This brochure is general information about a surgical procedure and does not replace a consultation. Every patient's circumstances are different — please discuss your specific case with Dr Marais before deciding on treatment.