Gallbladder Cancer: Surgery



Surgery is a common way to treat gallbladder cancer. The surgery may be used in one of these ways:

- Potentially curative surgery. If all of the cancer can be removed, the cancer is called resectable. Surgery is done to take out the gallbladder and nearby tissues, if needed. This kind of surgery is called potentially curative. This means it can be used to cure the cancer.
- Palliative surgery. Palliative care is treatment that's done to ease symptoms or treat problems caused by the cancer, like blockages in the bile ducts. If the cancer has spread too far to be fully removed, the cancer is called unresectable. Then palliative surgery may be done. It's not used to cure the cancer. But it can help a person feel better and live longer.

Gallbladder surgery can have major side effects. Talk with your healthcare provider about:

- · What the goal of surgery is
- · What the risks are
- How long it may take you to recover
- · What you can expect to feel like after surgery



What to expect for surgery

Surgery to take out the gallbladder is called a cholecystectomy. A simple cholecystectomy is when just the gallbladder is removed. This is done when the cancer is only in the gallbladder.

Some people need a more extensive surgery. An extended or radical cholecystectomy takes out the gallbladder along with the liver bed where the gallbladder rests. Other tissues that may be removed if cancer is thought to be there include:

- Bile ducts. Specifically the common bile duct, which is a tube that connects the gallbladder and liver to the intestines. Or the cystic duct.
- · Lymph nodes in the area
- A larger area of the bordering liver

People in very good health may have an even more extensive surgery if the healthcare provider thinks it may improve the chance of a permanent cure.

How palliative surgery helps

Even if all of the cancer can't be removed, palliative surgery may help ease your symptoms. In some cases, cancer tissue can block the bile ducts. This causes bile to build up in the liver and gallbladder. Surgery can be done to open the blockage. A biliary bypass can be made to join parts of the gallbladder or nearby organs to create a new way for bile to flow. Or a metal or plastic tube called a stent can be put through the blockage. This can let bile that has built up drain away. If a stent cannot be used, a soft tube (catheter) is put through the skin and into the duct that's blocked. This is called percutaneous transhepatic biliary drainage. Bile can drain out through the catheter into a small bag outside of your body.

After gallbladder cancer surgery

All surgery has risks. The risks of gallbladder cancer surgery include:

- Bleeding
- Blood clots
- Infection
- · Pain around your surgical cuts (incisions)
- Pneumonia
- Problems from the medicines used during surgery (anesthesia)

Your healthcare provider will talk with you about the risks before you agree to have surgery.

You will also feel tired or weak after surgery. If you had extensive surgery that affected organs around the gallbladder, you may have eating problems for some time after surgery. Your surgeon will talk with you about when you can start to eat and what foods are safe.

How long it takes to recover is different for each person. You may have to stay in the hospital for a while. Be sure to talk with your healthcare provider about all your questions and concerns.

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