

If you have any questions, ask your physician or nurse.

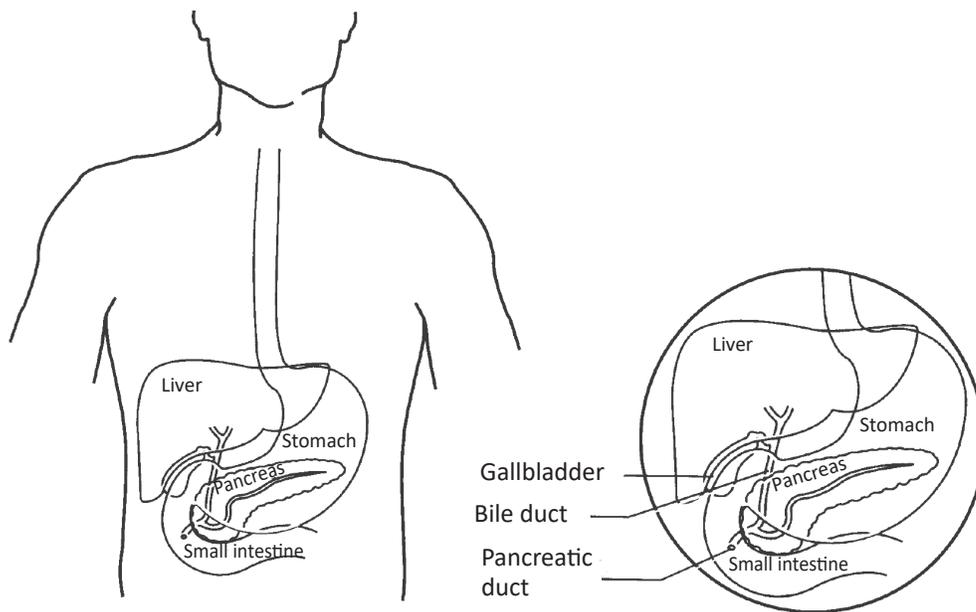
Laparoscopic Cholecystectomy

This brochure provides helpful information to guide you through laparoscopic cholecystectomy (gallbladder removal) surgery and recovery. It describes the surgery and the care guidelines you should follow after your hospital stay. This information will answer many of your questions. Please ask your physician or nurse any other questions you may have.

The gallbladder

The gallbladder is a small, pear-shaped organ in the digestive system located under the right side of the liver. The gallbladder stores bile. Bile is produced by the liver and aids the digestion of fatty foods. Normally, bile flows from the gallbladder through small ducts and is released into the small intestine after eating (Figure 1).

Figure 1. Digestive system



Stones that form in the gallbladder are usually the cause of gallbladder problems. These stones are made up of cholesterol and bile salts. It is uncertain why some people form gallstones while others do not.

Gallstones may block the flow of bile out of the gallbladder. This may cause swelling of the gallbladder and result in sharp abdominal pain, indigestion and vomiting. This inflammation of the gallbladder is known as cholecystitis. Many people call these gallbladder “attacks.”

If a stone blocks the main duct, a yellowing of the skin (jaundice) may occur.

Laparoscopic cholecystectomy

The most common treatment for gallbladder disease is removal of the gallbladder itself. Laparoscopic cholecystectomy surgery is done through a few small incisions in the abdomen. General anesthesia is given. A laparoscope (a long tube with lenses connected to a television camera) and special instruments are used. The tools are guided into the abdomen through the incisions, and the abdomen is inflated with carbon dioxide. This expands the abdomen and gives your surgeon space to perform the procedure.

There are risks with every surgery, and these vary with each person. Complications are rare and may include bleeding, infection, injury to abdominal organs, blood clots and heart problems.

After surgery

General guidelines

Most people take several days to a week off work to recover after gallbladder surgery. You may tire easily in the first week. This is normal. Plan to take rest periods during the day as needed. Most patients find they are back to their usual routine within 1 week after surgery and are fully recovered within a month.

Pain is expected after surgery, but it should gradually lessen each day. Your physician may prescribe medication to help control your pain. Be sure to contact your physician about any severe pain not controlled by your pain medication.

Activities

Gradually increase your activity each day. Take rest periods as needed. Gas pain and right-side shoulder pain often occur after laparoscopic surgery. Please take your pain medication as directed and increase activity as much as possible. Activity helps relieve these pains. Avoid heavy lifting (greater than 20 pounds) and strenuous activity for 1 week.

It may hurt to take deep breaths or cough after surgery. However, both are important to prevent complications. For the first week, use your incentive spirometer every hour while awake as instructed by your nurse.

You may shower 24 hours after surgery. Do not soak incisions. Avoid using lotions, creams or powders near your incisions. If you have white paper strips (Steri-Strip™) across your incision, do not take them off. Allow them to fall off on their own. If you have skin glue over your incisions, it will flake off on its own in 2 to 3 weeks.

You may drive when you are no longer taking pain medication and you feel you can react in an emergency situation.

Diet

For the first few days, you may eat whatever was easy to digest before surgery. Then start eating a regular diet as it feels right to you. Try to drink 8 to 10 glasses of caffeine-free, nonalcoholic fluids such as water and juice every day.

Anesthesia and pain medication may cause nausea and vomiting. Do not eat or drink until these side effects are gone. When the nausea passes, start with clear fluids, such as broth, tea or Jell-O®. Begin slowly and gradually increase the amount you drink over time. Begin eating solid foods as you are able.

Medication

After surgery, you may resume taking your normal medications. Take pain medication as directed. For mild discomfort, you may take acetaminophen (Tylenol®). Follow dose directions, but do not take more than 4,000 milligrams (mg) of acetaminophen in 24 hours. This total includes other medications that you may be taking.

- Many medications including narcotic pain medications have acetaminophen in them. Be sure to read labels carefully or check with your pharmacist to be sure. It is important that you look at your total intake of acetaminophen. Do not take more 4,000 mg of acetaminophen in 24 hours.
- Talk with your physician about 24-hour limits that may be right for you. Patients who are fasting or undernourished, have diabetes, are taking isoniazid or drink alcohol frequently may need to limit acetaminophen to just 2,000 to 3,000 mg per day – in divided doses. Your physician might tell you not to take acetaminophen at all.

You may also take an over-the-counter stool softener or laxative as needed for constipation.

Follow-up care

If you had your surgery as an outpatient, expect a follow-up phone call on the day after your surgery from an ambulatory surgery or recovery room nurse.

Call your physician's office to schedule your follow-up appointment for 1 to 2 weeks after your surgery.

Please call your physician if you have any of these symptoms:

- Temperature of 101 degrees F or higher
- Increased swelling, redness or tenderness around your incisions
- Drainage from any of your wounds
- Increased abdominal pain
- Severe pain not controlled by medication
- Nausea or vomiting that does not go away

If you have any questions or concerns, please call your physician.