

Post-Surgery Instructions for:

Laparoscopic Cholecystectomy

Orlando Health Surgical Group
14 West Gore Street
Orlando, FL 32806
321-843-5001

Michael Kahky, MD, F.A.C.S
Marc Demers, MD, F.A.C.S
Jeffrey R. Smith, MD, F.A.C.S

WHAT YOU SHOULD KNOW:

Laparoscopic cholecystectomy is surgery to remove your gallbladder.

CARE AGREEMENT:

You have the right to help plan your care. Learn about your health condition and how it may be treated. Discuss treatment options with your caregivers to decide what care you want to receive. You always have the right to refuse treatment.

RISKS:

- You could bleed more than expected or get an infection. Nausea and vomiting are common after this surgery. Any carbon dioxide gas that remains in your body can cause neck and shoulder pain. Your gallbladder may leak bile into your abdomen during or after surgery. This can cause a severe infection or an abscess.
- You may still have gallstones after surgery, and you may need a different procedure to remove them. Your surgeon may need to make a larger incision than expected during surgery. There is a small risk that your bile duct, bowel, or other organs could be damaged during surgery. This can be life-threatening.

GETTING READY:

The week before your surgery:

- Do not take Aspirin or Aspirin products (i.e: Aleve, Advil, Ibuprofen, Motrin, Naprosen, etc) seven days prior to your surgery. Take Tylenol only.
- Do not take Coumadin 7 days prior to your surgery.
- Do not take Glucophage or Glucovance (Metformin) 2 days prior to surgery.
- Do not take herbal products or drinks 2 weeks prior to surgery (i.e: St. John's wart, Gingko Biloba, etc)
- Notify your doctor if you develop any signs of illness, such as colds, sore throats, or infections before your procedure.
- Your physician may require specific pre-admission tests to be performed. These tests will be completed at least 2 days but not more than 5 days prior to surgery. You will be contacted by Pre-Admission Testing (PAT) to schedule a phone interview or be given an appointment depending on the location for your surgery.
- Write down the correct date, time, and location of your surgery.

- Arrange a ride home. Ask a family member or friend to drive you home after your surgery or procedure. Do **not** drive yourself home.

The night before your surgery: Ask caregivers about directions for eating and drinking.

The day of your surgery:

- You or a close family member will be asked to sign a legal document called a consent form. It gives caregivers permission to do the procedure or surgery. It also explains the problems that may happen, and your choices. Make sure all your questions are answered before you sign this form.
- Ask your caregiver before you take any medicine on the day of your surgery. Bring a list of all the medicines you take, or your pill bottles, with you to the hospital. Caregivers will check that your medicines will not interact poorly with the medicine you need for surgery.
- Caregivers may insert an intravenous tube (IV) into your vein. A vein in the arm is usually chosen. Through the IV tube, you may be given liquids and medicine.
- An anesthesiologist will talk to you before your surgery. You may need medicine to keep you asleep or numb an area of your body during surgery. Tell caregivers if you or anyone in your family has had a problem with anesthesia in the past.

TREATMENT:

WHILE YOU ARE HERE:

Before your surgery:

Informed consent is a legal document that explains the tests, treatments, or procedures that you may need. Informed consent means you understand what will be done and can make decisions about what you want. You give your permission when you sign the consent form. You can have someone sign this form for you if you are not able to sign it. You have the right to understand your medical care in words you know. Before you sign the consent form, understand the risks and benefits of what will be done. Make sure all your questions are answered.

An IV is a small tube placed in your vein that is used to give you medicine or liquids.

Antibiotics may be given to prevent an infection.

Urinate just before surgery so your bladder is empty.

General anesthesia is used to keep you asleep and free from pain during surgery. Caregivers give you anesthesia through your IV or as a gas. You may breathe in the gas through a mask or through a tube placed down your throat. The tube may cause you to have a sore throat when you wake up.

What will happen:

The surgeon will make between 1 and 4 small incisions in your abdomen or navel. Each incision will be about 1 to 2 inches long (2.5 to 5 cm). He will insert the surgical tools and laparoscope into the incisions. The camera attached to the laparoscope will display images of your abdominal organs on a nearby monitor. Your surgeon will fill your abdomen with carbon dioxide gas to make it swell. This lets him see your organs better and gives him room to move the surgical tools around.

He will look for and remove gallstones in and around your gallbladder. X-rays or an ultrasound may be used during surgery to see your organs better or look for gallstones. Your surgeon will remove your gallbladder

through one of the incisions. The carbon dioxide will be released from your abdomen. Your incisions will be stitched or closed with adhesive strips, then covered with bandages.

After your surgery: You will be taken to a recovery room until you are fully awake. Caregivers will monitor you closely for any problems. Tell your caregiver if you are in pain or feel like you might vomit. Do **not** get out of bed until your caregiver says it is okay. You may be able to go home later the same day, or you may stay in the hospital overnight.

You may need to wear pressure stockings or inflatable boots after surgery. The stockings are tight and put pressure on your legs. The boots have an air pump that tightens and loosens different areas of the boots. Both of these improve blood flow and help prevent clots.

Deep breathing and coughing will decrease your risk for a lung infection. Take a deep breath and hold it for as long as you can. Let the air out and then cough strongly. Deep breaths help open your airways. You may be given an incentive spirometer to help you take deep breaths. Put the plastic piece in your mouth and take a slow, deep breath, then let the air out and cough. Hold a pillow tightly against your incisions when you cough to help decrease pain. Repeat these steps 10 times every hour.

You may get out of bed and walk around the same day of surgery, or the day after. Movement will help prevent blood clots. You may also be given exercises to do in bed. Do not get out of bed on your own until your caregiver says you can. Talk to caregivers before you get up the first time. They may need to help you stand up safely. When you are able to get up on your own, sit or lie down right away if you feel weak or dizzy.

You will be able to eat and drink gradually after surgery. You will begin with ice chips or clear liquids such as water, broth, juice, and clear soft drinks. If your stomach does not become upset, you may then eat soft foods, such as ice cream and applesauce. Once you can eat soft foods easily, you may slowly begin to eat solid foods. Most people are able to eat normally the day after surgery.

Medicines:

Pain medicine will help decrease your pain. Do not wait until the pain is severe before you ask for more medicine.

Anti-nausea medicine will help calm your stomach and prevent vomiting.

Anticoagulants may be given to thin your blood if you are at risk for a blood clot.

NSAIDs decrease swelling and pain. This medicine can cause stomach bleeding or kidney problems in certain people.

AFTER YOU LEAVE:

Medicines: You may need any of the following:

Prescription pain medicine helps decrease pain. Do not wait until the pain is severe before you take this medicine.

NSAIDs decrease swelling and pain. This medicine can be bought with or without a doctor's order. This medicine can cause stomach bleeding or kidney problems in certain people. If you take blood thinner medicine, **always** ask your primary healthcare provider if NSAIDs are safe for you. Read the medicine label and follow the directions on it before using this medicine.

Take your medicine as directed. Call your primary healthcare provider if you think your medicine is not helping or if you have side effects. Tell him if you are allergic to any medicine. Keep a list of the medicines,

vitamins, and herbs you take. Include the amounts, and when and why you take them. Bring the list or the pill bottles to follow-up visits. Carry your medicine list with you in case of an emergency.

Follow up with your primary healthcare provider or gastroenterologist 2 weeks after surgery, or as directed: Write down your questions so you remember to ask them during your visits.

Wound care: Care for your surgical wounds as directed. Keep the wounds clean and dry. You may take a shower the day after your surgery.

What to eat after surgery: Eat low-fat foods for 4 to 6 weeks while your body learns to digest fat without a gallbladder. Slowly increase the amount of fat that you eat. Drink plenty of liquids. Ask how much liquid to drink and which liquids are best for you.

When to return to work and other activities: You may return to work or other activities as soon as your pain is controlled and you feel comfortable. For many people, this is 5 to 7 days after surgery.

Contact your primary healthcare provider if:

- You have a fever over 101°F (38°C) or chills.
- You have pain or nausea that is not relieved by medicine.
- You have redness and swelling around your incisions, or blood or pus is leaking from your incisions.
- You are constipated or have diarrhea.
- Your skin or eyes are yellow, or your bowel movements are pale.
- You have questions or concerns about your surgery, condition, or care.

Seek care immediately if:

- You cannot stop vomiting.
- Your bowel movements are black or bloody.
- You have pain in your abdomen and it is swollen or hard.
- Your arm or leg feels warm, tender, and painful. It may look swollen and red.
- You feel lightheaded, short of breath, and have chest pain.
- You cough up blood.
- You have a fever.
- You cannot make it to your surgery on time.
- You have questions or concerns about your surgery.

© 2013 Truven Health Analytics Inc. Information is for End User's use only and may not be sold, redistributed or otherwise used for commercial purposes. All illustrations and images included in CareNotes® are the copyrighted property of the Blausen Databases or Truven Health Analytics.

© 2013 Truven Health Analytics Inc. All illustrations and images included in CareNotes® are the copyrighted property of the Blausen Databases or Truven Health Analytics.

LAPAROSCOPIC CHOLECYSTECTOMY - Precare, English
Generated on Monday, December 9, 2013 11:37:23 AM