

LAPAROSCOPIC CHOLECYSTECTOMY PATIENT INSTRUCTIONS

"Removal of Gallbladder" Laparoscopic Cholecystectomy

WHAT TO EXPECT:

Surgery to take about an hour

Recover from anesthesia for about 1 ½ hours before you are ready to go home

Pain or discomfort for 2-3 days

You will have absorbable sutures hidden under your skin with purple skin glue on top of your skin, which will fall off over the next 2-3 weeks.

Some people may experience some mild pain, mild nausea, or loose stools, depending on what you eat afterwards, for up to 2 weeks.

DIET:

You have no dietary restrictions after your gallbladder has been removed. However, it is a good idea to go slow and avoid fatty foods, that could cause diarrhea.

WOUND CARE:

Unless otherwise directed, you may shower daily, with your choice of soap, and water to keep your incisions clean and to reduce your risk of skin infection.

DO NOT SOAK: no tubs, pools, or hot springs until seen on your follow up appointment. Soaking increases your risk of infection

LIMITATIONS:

If an activity causes discomfort after surgery don't do it

You should be up and moving around the night of your surgery, and walking 5-6 times a day, at a minimum, thereafter.

FOLLOW UP VISIT:

If you have not already done so, call our office (208-302-2300) and schedule a follow up post-operative appointment, for two weeks after your surgery.

WHEN TO CALL:

Fever: temperature greater than 101.5°F

Uncontrolled pain

No bowel movement in 3 days

Shortness of breath – new onset and severe CALL 911

Chest pressure or pain– new onset and severe CALL 911
Lower leg swelling
Persistent nausea
Or any other questions you may have

PAIN:

Use your prescription pain medication, "narcotic" or "non-narcotic", as directed on the prescription

Do NOT take additional Tylenol (acetaminophen); your pain medication most likely has Tylenol in it

You may take Ibuprofen, 200mg tablets: 400-600mg total, every 6-8 hours, OR Aleve (naproxen), 1 tablet, every 12 hours, as needed, along with your narcotic.

To help decrease swelling at the operative site; wrap ice pack in a cloth, place in on the incision area for 15-30 minutes alternating off the incision area for 15-30 minutes as needed for the first 2 days.

BOWEL CARE:

Start Bowel care **IMMEDIATELY** after surgery to prevent constipation. It is very common and is caused by anesthesia and narcotics. Below are different options for you that are available over the counter at your local pharmacy or grocery store:

Stool softeners (such as Colace and Docusate Calcium) soften the stool, making it easier to pass. Stool softeners can be most effective if you drink plenty of water throughout the day.

Osmotic laxatives, such as Fleet Phospho-Soda, Milk of Magnesia, or Miralax, and nonabsorbable sugars (such as lactulose or sorbitol), hold fluids in the intestine. They also draw fluids into the intestine from other tissue and blood vessels. This extra fluid in the intestines makes the stool softer and easier to pass. Drink plenty of water when you use this type of laxative.

Stimulant laxatives (such as Correctol, Ex-Lax, and Senokot) make stool move faster through the intestines by irritating the lining of the intestines. Regular use of stimulant laxatives is not recommended. Stimulant laxatives change the tone and feeling in the large intestine, and you can become dependent on using laxatives all the time to have a bowel movement.

If you develop some diarrhea, back off of the stool softeners.