

Dr. Steven Williams

POST OPERATIVE PATIENT INSTRUCTIONS

Procedure: Laparoscopic Cholecystectomy – Gallbladder Removal

WHAT TO EXPECT

- Surgery to take about 1 hour
- Recover from anesthesia usually 1 ½ hour before you are ready to go home
- Pain or discomfort 2-3 days POST- OP
- You will have absorbable sutures hidden under your skin with skin glue on top of your skin. The glue will fall off over the next 2-3 weeks. Do not pick at the glue, it is firmly attached to your skin
- Some people may experience moderate pain, nausea, or loose stools depending on what you eat after surgery for up to 2 weeks.

DIET

You have no dietary restrictions after your gallbladder has been removed but it's a good idea to take it slow and avoid fatty foods that could cause diarrhea and stomach upset. Try to eat a low fat diet for the first week after surgery while your body adjusts to not having a gallbladder. Fat or oils in your diet (dairy, nuts, salad dressings, etc..) can cause stomach upset and loose stool. This usually improves after a couple of weeks. If loose stool persists for more than a month after surgery contact us for consideration of medication to resolve this problem.

WOUND CARE

1. Unless otherwise directed, you may shower daily with your choice of soap and water to keep your incision clean and help reduce the risk of skin infection.
2. **DO NOT SOAK!** No tubs, pools, or hot springs until you are seen on your follow up appointment or 2 weeks. Submerging in water increases the risk of infection.

LIMITATION

1. **DO NO LIFT, PUSH OR PULL MORE THAN 20 lbs.** or use your abdominal muscles for 6 weeks after surgery. This allows time for your incisions to heal and reduces the risk of incisional hernia formation.
2. You should be up and moving around the night of your surgery and walking 5-6 times a day at a minimum there after.

FOLLOW UP APPOINTMENT

If you have not already done so, call our office (208) 321-4790 and schedule a post operative visit for 10-21 days after your surgery.

WHEN TO CALL

- Fever: Temperature greater than 101°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
 - Extreme bruising or swelling around the incision
 - If you have other questions or concerns **PAIN**
1. Use your prescription pain medication “narcotic” or “non-narcotic” as directed on the prescription.
 2. DO NOT take additional Tylenol (acetaminophen) if your pain medication has Tylenol (acetaminophen) in it.
 3. You may take ibuprofen 200 mg tablets: 800mg total every 8 hours OR Aleve (Naproxen) 1 tablet every 12 hours as needed along with your narcotic.
 4. Use ice to decrease the swelling: Wrap a ziplock bag of ice in a towel and place it on and off your incisions every 15-30 minutes as needed for the first 2 days. It will help decrease inflammation.

BOWEL CARE

1. Start bowel care IMMEDIATELY after surgery to prevent constipation. It is very common and is caused by certain surgeries, anesthesia, and especially narcotics. Listed below are different options for you that are available over the counter at your local pharmacy or grocery store.
 - Stool Softeners (colace & 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.
 - 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.
2. **Our recommendation to start BEFORE the day of surgery-** Colace 1 capsule twice a day OR Miralax 1 scoop twice a day.
3. **Our recommendation if you have not had a bowel movement in 1 day after surgery-** Increase Miralax to 2 scoops twice a day and consider adding another agent.
4. **Our recommendation if you have not had a bowel movement in 2 days-** Stay on Miralax and Colace and use a Dulcolax suppository twice a day until you have a bowel movement. Consider a fleet enema twice daily until you have had a bowel movement.
5. **Our recommendation if you have not had a bowel movement in 3 days-** Magnesium Citrate: Drink ½ bottle and if you do not have a bowel movement in 2 hours drink the remainder ½ bottle as well as taking your Miralax and Colace.
6. If you develop loose stools stop the stool softeners.