

Driving

It is recommended that you do not drive for 3-4 days after your surgery because:

- your level of alertness may be impaired due to pain medication
- you may not be able to tolerate a seat belt, a sudden stop or turn of the car
- you may not be able to turn your body as required to drive a car safely (i.e. do shoulder checks)

NOTIFY YOUR SURGEON OR DOCTOR IF YOU EXPERIENCE ANY OF THE FOLLOWING

- Redness or swelling at the incision site(s)
- Pus or drainage with a foul odour from an incision site(s)
- Fresh or ongoing bleeding from the incision site(s)
- Persistent fever (temperature above 101° F or 38.3° C)
- Chills, shivering, or other flu-like symptoms
- Prolonged, increased, or severe abdominal pain
- Nausea and vomiting lasting longer than 24 hours
- Chest pain or trouble breathing
- Difficulty urinating
- Jaundice (yellow eyes, yellow skin, and dark urine)

FOR 24 HOURS DO NOT

- Drive any type of motorized vehicle
- Ride as a passenger on a motorcycle
- Operate power tools
- Sign legal documents
- Look after dependent persons
- Drink alcohol

YOUR PERSONAL FOLLOW-UP INSTRUCTIONS

- Remove dressing in _____ days
- Remove steri-strips in _____ days
- Clips and/or steri-strips to be removed by
 patient family doctor surgeon
- Do not lift, push or pull anything that requires an effort or is heavier than _____ kg (_____ pounds) for _____ weeks or until advised by your physician.
- Other _____

NEXT APPOINTMENT

- Only if required
- _____ days / weeks
- Other _____

**FOR GENERAL QUESTIONS OR CONCERNS CALL:
B. C. Nurse Line: 811
Hearing Impaired: 1-866-889-4700
Contact your physician**

**FOR EMERGENCY CONCERNS:
Call 911 or go to the nearest
Emergency Department.**

IHA – Surgical Services
DCS & PSS Clinical Practice Standards Working Group



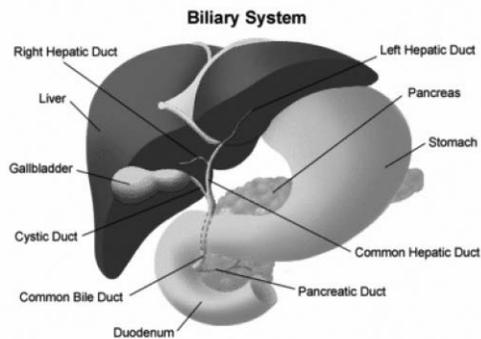
Interior Health
Every person matters

LAPAROSCOPIC CHOLECYSTECTOMY (Gallbladder removal)

Instruction Sheet

Mission Statement
Promote healthy lifestyles and provide needed health services in a timely, caring and efficient manner, to the highest professional and quality standards

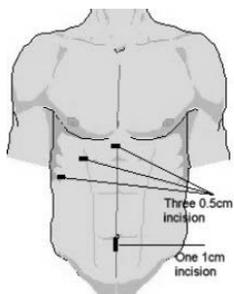
WHAT IS A GALLBLADDER?



The gallbladder is a small sac like structure attached to the liver which holds bile. Bile is a thick digestive fluid released by the liver and stored in the gallbladder. Normally bile stays in a liquid state in the gallbladder. Sometimes though, solid crystals are formed and if they become large enough, may block the exit to the gallbladder causing pain. If this occurs, the crystals (or gallstones) must be surgically removed along with the gallbladder.

WHAT IS A LAPAROSCOPIC CHOLECYSTECTOMY (“Lap Chole”)?

A Laparoscopic Cholecystectomy is a procedure where the gallbladder is removed using a laparoscope (a hollow tube with a lens and light source). Four very small incisions are made in the abdomen and the laparoscope and instruments are inserted. Carbon dioxide gas is pumped into the abdomen to make it easier to visualize the organs. The gallbladder is then removed.



The benefits of laparoscopic surgery include a shorter hospital stay, a quicker recovery time, less discomfort, and smaller incisions.

WHAT CAN I EXPECT WHEN I GO HOME?

1. **INCISION AND DRESSING CARE**

You will have several small incisions that are closed with dissolvable sutures, steri-strips, or clips (staples). These will often be covered by small dressings (dry gauze or waterproof). Some bruising around the incisions is normal.

You may shower in _____ days (do not have a tub bath or sit in a hot tub for _____ weeks). Remove outer dressing and leave steri-strips or clips (if present) intact. After showering, pat dry and reapply a band-aid or small gauze dressing over the incisions.

It is important to keep your incisions clean and dry.

You may remove any remaining steri-strips in _____ days. Clips, if present, will be removed in your surgeon or family doctor’s office.

2. **PAIN OR DISCOMFORT**

Discomfort varies between individuals. Your surgeon may give you a prescription for pain medication. Take the medication regularly as needed so that you will be comfortable and will be able to move about more easily. If no prescription pain medication has been given, take acetaminophen or ibuprofen as per package / pharmacist directions.

Support your incision by covering with hands when sneezing, laughing, or coughing.

It is common to experience some abdominal, shoulder or neck discomfort in the first 48 hours after surgery. This is usually the result of residual

carbon dioxide gas that was inserted into the abdominal cavity during the surgery.

This gas will be gradually reabsorbed by the body. Discomfort may vary with sitting, standing, lying, etc. Lying down flat and applying warmth to the shoulders and/or neck (not abdomen) may aid in relieving any discomfort.

3. **NUTRITION**

After your surgery, start your diet slowly with clear fluids (water, juices, jello, and broth) and gradually introduce softer foods until you are passing gas. Once you have passed gas, you may eat a normal diet.

Nausea and mild bloating are common in the first 24 hours following this procedure. Time, clear fluids, and rest will help. You may use dimenhydrinate (i.e. Gravol®) to help with nausea if needed.

4. **ELIMINATION**

Anaesthetic and pain medications along with reduced activity and oral intake may cause temporary changes in bowel function including bloating and constipation. Drink plenty of fluids and if desired use a mild laxative or stool softener.

Some individuals encounter diarrhea (resulting from continual trickle of bile into the bowel). This should gradually resolve but consult your physician if this persists.

5. **ACTIVITY**

Plan to rest up to 3 days or until you are feeling better. You may return to your normal activities/work as soon as you feel up to doing so (usually in _____ days) but discuss with your physician if you lead an active life or have a strenuous job.