

Cholecystectomy (Gallbladder) post-operative care

The gallbladder is a small pear-shaped organ, attached to the underside of the liver. It acts as a reservoir to store and concentrate bile produced by the liver. The bile is released into the small intestine, the duodenum, to assist in digestion and breaking down fatty food. Gallstones can form if the bile produced is too high in cholesterol, too high in bilirubin and not enough bile salts. If gallstones form and block the flow of the bile to the small intestine, you may develop 'biliary colic' which presents as upper abdominal pain, nausea and/or vomiting, abdominal bloating, reflux and indigestion usually experienced after eating. After the removal of the gallbladder, bile continues to flow directly into the intestine from the liver. The body requires an adjustment period and if not enough bile is secreted while eating a fatty diet, watery stools can develop.

Activity

Take it easy! The first one to two days are the most uncomfortable. Mild discomfort and bloating from the gas is expected. You may feel tired needing an afternoon nap which may last for several weeks. Increase your activity levels as you feel more comfortable with short distance walks and stairs. Participate in light activities from one to two weeks. No heavy lifting (above 5kg), strenuous activity (cycling, jogging, weight lifting) or competitive sport for six weeks. After this you may increase your activity levels gradually, as your level of comfort allows. You may have sex after the first week only if comfortable.

Pain

After laparoscopic procedures, you may experience shoulder tip pain, especially on the right side. This is very common and should resolve within 48-72 hours. Healing pain related to the wounds can last for about two to six weeks, however this is individual and varies from patient to patient. For pain relief take regular Paracetamol (Panadol, Panamax) for the first few days, switching to Panadeine or Panadeine Forte for increased levels of pain, especially before bed time. You may be sent home with Palexia (Tapentadol) slow release (SR) or immediate release (IR) or Endone. Please take these as prescribed and be aware that they may constipate you (including the codeine in Panadeine and Panadeine Forte). These drugs can also make you drowsy. Please do not drive if you are taking the stronger pain medication. Non-steroidal anti-inflammatory drugs (Ibuprofen (Nurofen), Mobic) can also be taken with Panadol if the discomfort is still troublesome.

If you need ongoing strong pain relief and your supply from hospital has run out, please call our rooms between 9am-5pm Monday to Friday and discuss this with the practice nurse or Dr Vasica. Prescriptions can only be provided if the surgeon is available.

Diet

Immediately after surgery, you will be commenced on a clear fluid diet. This will be upgraded to a low fat diet prior to discharge from the hospital the following day. Please maintain a fairly bland, low fat diet for at least 2 weeks after surgery to prevent nausea and loose motions. It is a good idea to snack

and graze, by eating smaller more frequent meals. After two weeks, you may gradually return to your normal diet (and normal fat containing foods).

If you experience diarrhoea, it usually means that you are eating a diet too high in fat too soon after your surgery. This will settle after a few weeks, but if it is troublesome, please reduce the fat content of the foods that you are having.

Foods to avoid in the first few weeks post operatively:

- High fat meats: sausage, salami, lamb, bacon, pork, beef
- High fat dairy: cheese, ice cream, whole milk, full fat yogurt, butter, sour cream, chocolate
- Processed foods: cookies, cake, pies, sugary cereals, white bread, fried and greasy foods

Foods to eat post operatively:

- Low fat dairy: milk and yogurt
- High fibre vegetables and fruit – beans, lentils, potatoes with skin, sprouted grains and seeds, steamed vegetables
- Low fat meats; lean meat, chicken, salmon, trout, white fish
- High fibre cereals: oats, whole grain bread, pasta, rice, cereal
- Raw nuts – almonds, walnuts, cashews in moderation
- Eggs and avocado in moderation

Wounds

You are able to shower within 12 hours after your surgery, avoid deodorant soaps and do not use lotions near the wounds. The dressings are waterproof and will resist water from the shower. Pat the dressings dry with a towel and avoid rubbing the wounds. Please keep the waterproof dressings in place for two weeks, replacing them if they loosen or peel off. There are usually steri-strips underneath the waterproof dressing, leave these in place when replacing the waterproof dressing. No baths, spa's, sauna, swimming pools or swimming in the sea for three to four weeks after the surgery, until the wounds are well healed to avoid infections.

Your wounds are closed with buried, dissolving sutures and external steri-strips. You will not need to have any stitches removed.

You may notice some bruising around the port sites, this will resolve over the first week.

Bowels

Avoid getting constipated and straining when opening your bowels. If you have not had a bowel motion for two days post operatively, please start having high fibre foods such as fruit and prunes. Be proactive in taking aperients morning and/or night (Movicol, Coloxyl with senna, Metamucil) before your bowels become a problem.

You may experience bloating, abdominal cramping and urgency with opening your bowels and/or diarrhoea if you are eating too much fat in your diet.

Work & Driving

You have had a general anaesthetic, therefore avoid alcohol, operating machinery and making personal or business decisions for the first 48 hours. Return to work after one to two weeks, and longer if your work involves manual labour.

No driving for ten days, and only when you are no longer taking strong pain relief which may make you drowsy and less attentive to traffic conditions, and when comfortable to do an emergency stop, and moving your foot from the brake to the accelerator safely.

Clot prevention

Wear compression tights if supplied by the hospital for one to two weeks, until fully mobile.

Keep doing deep breathing exercises, leg exercises, and frequent little walks to keep the blood pumping in your legs. If you notice any discomfort, pain, swelling in your calves and lower legs or you notice you are short of breath or have chest pain, please present to your GP ASAP, or return to your nearest emergency department.

No flying is recommended for three weeks post operatively. After this, it may be recommended to take aspirin from 24 hours pre-flight and wear compression stockings if flying close to this period. Please discuss with Dr Vasica.

If you take anticoagulants (warfarin, aspirin, xarelto, apixaban etc), please confirm when you are to resume these.

Problems

Please contact us immediately or present to your GP if you experience:

- Pain that is not relieved by pain relief medications provided
 - Chills and persistent fevers > 38C
 - Worsening nausea and/or vomiting
 - Bleeding that will not stop
 - Difficulty passing urine
 - Unable to pass stools or gas
 - Increased swelling or pain in abdomen
 - Increasing redness or warmth around your incisions or any discharge from your incision
 - Yellowness of your skin
 - Itchiness, signs of a reaction to medication
 - If you think that there may be something wrong or you are worried, please do not hesitate to call
 - If serious, and/or after hours, please present to your nearest emergency department
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Follow up appointment

Our clinic nurse will see you at approximately two weeks after surgery unless otherwise specified.
Please contact the office on 9997 7346 to make this appointment.

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