

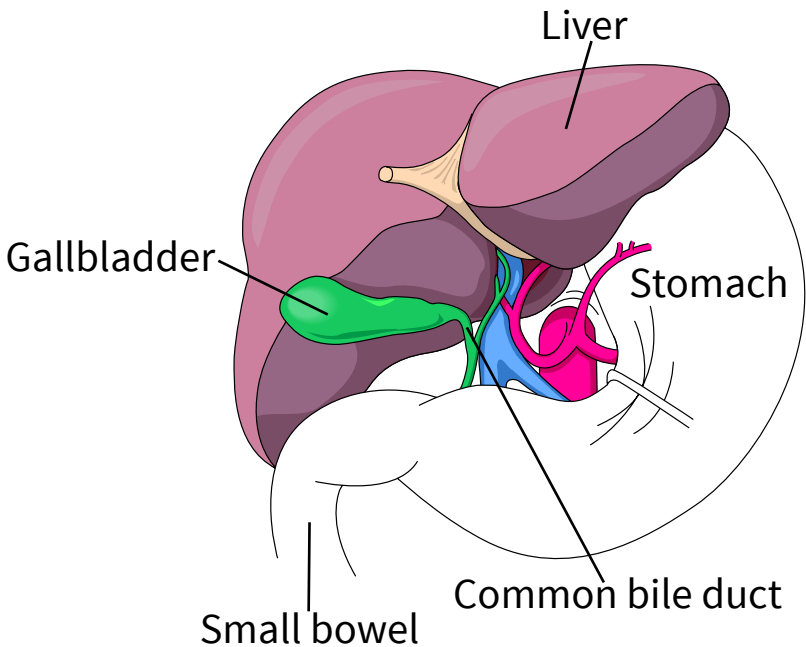
Laparoscopic Gallbladder Surgery

My surgeon's name: _____

My surgeon's phone: _____

Laparoscopic Gallbladder Surgery

Your gallbladder is a pear-shaped sac in the upper right part of your abdomen (stomach area) under the liver. It stores bile (a clear yellow or green liquid that helps digest food). Bile is made in your liver. The bile goes through a duct (thin tube) from your liver to your gallbladder. It is stored in your gallbladder before draining into your intestine.



What are gallstones?

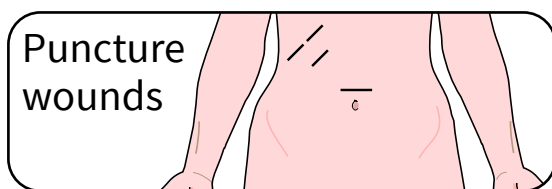
Bile in your gallbladder can become hard and turn into stones over time. These are called gallstones. They come in all sizes, shapes, and amounts.

Why do I need gallbladder surgery?

- Gallstones can block your gallbladder from draining. This causes pain that can be severe (very bad). This pain is called colic.
- Sometimes the blocked duct can lead to an infection called cholecystitis.
- Sometimes gallstones travel through the gallbladder duct and block ducts that drain your liver or pancreas. This can lead to:
 - › A life-threatening (may cause death) infection
 - › Jaundice (waste buildup in your blood).
- Removing (taking out) the gallbladder lowers the risk of stones forming and blocking other important ducts.

About this surgery

- This surgery is also called a laparoscopic cholecystectomy. Laparoscopic surgery is done through the wall of your abdomen using a tool called a laparoscope. A laparoscope is a special tube with a camera that sends pictures to a video monitor. This lets your surgeon see inside your abdomen.
- The surgeon will make 4 very small incisions (cuts) in your abdomen. They will then take out your gallbladder with the help of the laparoscope.
- Sometimes, the surgery cannot be done using a laparoscope. If this happens, the surgeon will make an incision in your abdomen to open up the area. This is called open gallbladder surgery.



After surgery

Meals

- Eat and drink small amounts until you feel well enough to go back to your regular meals.
- Eating well-balanced, healthy meals will help you get your strength back.
- The foods you eat will affect your bowel movements (poops). If constipation (not being able to poop) is a problem, eat foods high in fibre. Some high fibre foods are:
 - › Bran cereals
 - › Green leafy vegetables
 - › Whole-grain bread
 - › Fresh fruit
- Foods that cause gas or caused you problems before your surgery may still bother you while you are healing. Usually, people are able to eat these foods with no problems again in a few months. Slowly eat these foods again over time.
- **To prevent constipation after surgery**, drink 8 to 10 glasses of water a day, unless your surgeon told you not to.
- Ask your primary health care provider about using stool softeners or laxatives, if you need them. Remember, you **do not** need to have a bowel movement every day to be healthy.

Bowel movements (pooping)

- It may take 3 to 4 days after your surgery before you poop. You may have diarrhea (loose, watery poop) until your body gets used to not having a gallbladder. This may take from a few days to several weeks.

Care of your incisions

- You may have Steri-Strips™ (strong pieces of tape used to close an incision instead of stitches) on your incision. You may peel them off when they get loose. This will be about 7 to 10 days after your surgery.
- If you have a dressing over your incisions, your surgeon will tell you when you can remove the dressing.
- You may shower 24 hours (1 day) after surgery. You may get the Steri-Strips™ wet.
- Gently pat your incisions dry after showering.
Do not rub.
- You may have a bath **after your incision has healed**, usually this is 7 to 10 days after your surgery.

- If you have bleeding on the dressing, sit or lie down. Put steady pressure over the dressing for 20 to 30 minutes with a clean cloth or your hand.

If the bleeding does not stop, call your surgeon or go to the nearest Emergency Department right away.

- It is common to have a small amount of drainage (pinkish-clear fluid) from the incision for a few days to a week after your surgery.

Activity

- Try to get up and walk around on the day of surgery. Cut back on your activity if:
 - › You are uncomfortable
 - › You are in pain
- To prevent pneumonia (lung infection), breathe deeply and cough regularly.
- If you are in pain when you cough, hug your abdomen as you cough. This protects your abdomen from moving.
- In the first week after your surgery, slowly do more as you feel able.

For 7 days (1 week) after surgery, do not:

- › Lift anything heavy (over 10 pounds)
- › Strain
- › Do strenuous (hard) activities, including sports
- After 1 week, you may start to slowly go back to your usual activities as you feel able.
- How soon you can go back to work will depend on your type of work and on your health and recovery. Usually, you can go back to work after 1 week. Talk to your surgeon about this.
- You may go back to having sex whenever you feel well enough.

Pain control

- You may have pain in your shoulder and neck area. This is common. It is caused by the gas placed in your abdomen during surgery. This usually goes away in 1 to 2 days. Warm packs (like a hot water bottle or a Magic Bag[®]), over-the-counter pain medications, and walking around may help.
- Take pain medication as prescribed by your surgeon.

- If your surgeon does not prescribe any pain medication, you may take regular acetaminophen (Tylenol®) for pain. Follow the instructions on the package.
- **Do not drink alcohol while taking pain medication.**



Follow-up

- Keep all follow-up appointments with your surgeon.
- If you do not have a follow-up appointment scheduled with your surgeon by the time you leave the hospital, please call your surgeon's office:
 - › Phone: _____
- **You may call your surgeon's office at any time during your recovery.**

What are your questions?

Please ask a member of your health care team. We are here to help you.

Call your surgeon or primary health care provider if you have any of these symptoms after surgery:

- › Fever (temperature above 38 °C or 100.4 °F)
- › Chills
- › Nausea (feeling sick to your stomach)
- › Vomiting (throwing up)
- › Redness, swelling, or warmth around the incision
- › Green, yellow, or bad-smelling discharge (pus) from your incision
- › Stomach pain that gets worse

If you cannot reach your surgeon or primary health care provider, go to the nearest Emergency Department right away.

Notes:

This pamphlet is for educational purposes only. It is not intended to replace the advice or professional judgment of a health care provider. The information may not apply to all situations. If you have any questions, please ask your health care provider.

Find all patient education resources here:
www.nshealth.ca/patient-education-resources

Connect with a registered nurse in Nova Scotia any time:
Call 811 or visit: <https://811.novascotia.ca>

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