



Patient & Family Guide
2021

Laparoscopic Gallbladder Surgery

Aussi disponible en français : *Chirurgie de la
vésicule biliaire par laparoscopie* (FF85-2192)



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What is a gallbladder?

Your gallbladder is a pear-shaped sac. It is tucked under your liver in the upper right part of your abdomen (stomach area). Bile, which digests fat, is made in your liver. The bile travels through a duct (passage way) to your gallbladder. Bile is stored in your gallbladder before draining into the intestine.

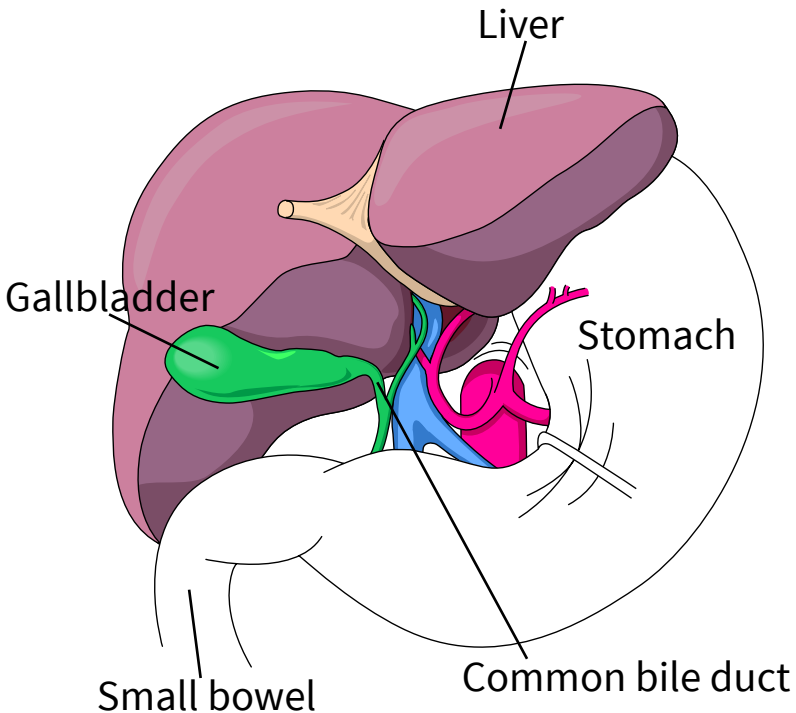
What are gallstones?

Hardened bile in the gallbladder can form stones over time. They come in all sizes, shapes, and amounts. They start with tiny pieces and over time the bile forms stones.

Why do I need gallbladder surgery?

Stones in your gallbladder can block the gallbladder from emptying. This creates pain, called colic, that can sometimes be severe (very bad). Sometimes the blocked duct (passage) can lead to a gallbladder infection, called cholecystitis.

Sometimes the stones from the gallbladder travel through the gallbladder duct and block ducts that drain the liver or pancreas. This can lead to life-threatening infection or jaundice (build up of waste in the blood). Removal of the gallbladder lowers the risk of stones forming and blocking other important ducts.

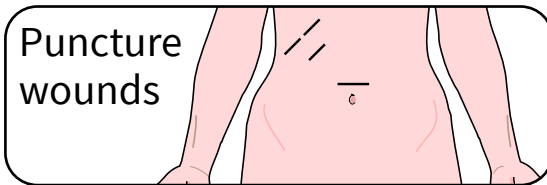


What will happen during surgery?

You may hear your health care team refer to the surgery as a “lap chole”. This stands for ‘laparoscopic cholecystectomy’.

The surgeon will make 4 tiny incisions (cuts) in your abdomen. They will then take out your gallbladder using a scope.

Rarely, the surgery cannot be completed with a scope. If this happens, an incision will be made in your abdomen to open up the area. This is called open gallbladder surgery.



Words your health care team may use:

Bile: A clear yellow or green liquid made by your liver to help you digest food

Diaphragm: A large, strong muscle which separates your chest from your abdomen

Laparoscopic: A procedure done through the wall of your abdomen using a special kind of telescope

Steri-Strips™: Small pieces of tape used to close an incision instead of stitches

What will happen after surgery?

Meals

- Eat and drink in small amounts until you feel well enough to go back to your regular diet.
- Eating well-balanced healthy meals will help you to 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. Bran cereals, whole-grain bread, green leafy vegetables, and fresh fruit are high in fibre.
- Foods that cause gas or caused you problems before your surgery may still bother you while you are healing. Usually people are able to tolerate these foods again in a few months. Slowly add these foods back into your diet.
- Drink 8 to 10 glasses of water a day, unless you have been told not to because of another health problem. Ask your primary health care provider about using stool softeners or laxatives, if you need them. Remember, you do not have to have a bowel movement every day to be healthy.

Care of the incision

- Steri-Strips™ may have been placed on the incision. They can be peeled off when they get loose. This will be about 7 to 10 days after your surgery.
- If you have a dressing over your incision(s), your surgeon will tell you when you can remove the dressing.
- You may shower 24 hours after surgery. You may get the Steri-Strips™ wet. Pat your incision dry after showering — **do not rub**.
- You may have a bath after the incision has healed, in 7 to 10 days.
- 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 bleeding does not stop, call your surgeon or go to your nearest Emergency Department.**
- It is normal to have a small amount of pinkish-clear fluid, also known as drainage, 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 or have pain.
- To prevent pneumonia (lung infection), breathe deeply and cough regularly. If you have pain when coughing, hug your abdomen as you cough to lower the movement inside your abdomen.
- During the week after 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 tolerated.
- How soon you can go back to work will depend on your type of work and your general health and recovery. Usually, you can go back to work after 1 week.
- You may go back to having sex whenever you feel well enough.

Discomfort

- You may feel some discomfort in your shoulder and neck area. This is normal. 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 moving may help.
- Take pain medication(s) as prescribed by your surgeon.
- If your surgeon does not prescribe any pain medication, you may take regular acetaminophen (Tylenol®) for discomfort, as directed on the package.
- **Do not drink alcohol while taking pain medication.**



Followup

- It may take 3 to 4 days before you poop. You may have diarrhea (watery poop) until your body adjusts to not having a gallbladder. This may take from a few days to several weeks.
- Keep all followup 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 contact your surgeon's office. **Remember, you may contact your surgeon's office at any time during your recovery.**

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

- › Fever or chills
- › Vomiting (throwing up)
- › Redness, swelling, or warmth around the incision
- › A lot of liquid coming from your incision that is a yellow/green colour or smells bad
- › Abdominal (stomach area) pain that gets worse

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

