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Post-operative Instructions for Laparoscopic Cholecystectomy

Findings:

Follow-up:

Your follow-up appointment is a telephone appointment at _____.
Note Dr. Dalvi or Dr. Mosseler may call you within 2hrs of this time

Your follow-up appointment is an in-office appointment at _____. See our
address below.

Please call our office the Monday morning after your surgery to arrange a:

___ week telephone follow-up appointment.

___ week in-person follow-up appointment.

Office Number 905-702-2629. The office is in the medical building behind Georgetown Hospital. .
Contact us if any concerns about wound healing or your post-operative course.

Address:
40 Hillside Drive, Suite 204
Georgetown ON L7G 4W3
Email: info@georgetowngeneralsurgery.com

Presenting to the Emergency Department:

If you have worsening abdominal pain, fevers, chills, nausea and vomiting or unable to tolerate fluids, or any significant concern regarding your wounds or your wellbeing after surgery, call our office or return to the emergency department for assessment. If possible return to Georgetown Hospital (where you had your surgery).

Medications:

Unless discussed, you may return to your regular medications following the surgery, once you are able to tolerate liquids. Any exceptions (for ex. Blood thinners) will be discussed with you. If you

have any questions regarding your home medications contact my office or your family physician.

Other Instructions: _____

Pain Control

The first 1-3 days after surgery you will have soreness at the incisions, typically worst at the belly button. We recommend you take around the clock pain medication for the first 1-2 days after the surgery, alternating between Tylenol (325-975 mg) and Advil (200-600mg) every three hours, and supplementing with your prescription pain medication as needed.

For example you could take 650 mg of Tylenol at 8:00 am and 400 mg of Advil at 11:00 am and if you have some persistent soreness after 30 min to 1hr take Statex at that time but continue to take around the clock Tylenol or Advil. DO NOT go over the maximum daily dose of any medication.

If your pain is minimal certainly return to as needed pain medication rather than taking it regularly but try to use Tylenol or Advil first rather than the prescription pain medication.

Speak to your doctor if you have any concerns with Advil or Tylenol including liver disease, kidney disease, a history of stomach ulcers or use of blood thinners.

If you are having worsening pain despite pain medication or requiring more and more pain medication, return to the emergency department for assessment.

Your incisional pain will typically resolve within the first two weeks however you may have sensitivity at the incisions for up to 6 months. In addition as the nerves in your abdominal wall heal you may have periodic short bursts of sharp pain burning or itching around your incisions and your abdominal wall.

Incision Care and Showering:

Typically there will be four incisions, one at the belly button about 1 to 1.5 cm in length, two on the right upper abdomen about 0.5 to 1 cm and one in upper mid-abdomen just below the breast bone about 1 cm in length. The incisions are closed with dissolvable stitches that are buried under your skin. Your physician will discuss any significant modification from this.

- 1) Typically there will be white rectangular shaped strips (steri-strips) over the wounds which should fall off after a week. If they do not fall off, please remove yourself after a shower, after 7 days. Glue residue can be removed with the help of alcohol swabs.
- 2) Keep the incisions dry and covered for the first 48 hrs.
- 3) You may shower after 48 hrs provided there is no concern about drainage or infection at the incision (see below)
- 4) Do not soak the incisions, and pat dry after the shower. You may soak in a tub or pool **after** 2 weeks
- 5) No ointments, powders or creams on the incisions
- 6) No additional dressings are needed on your incisions
- 7) Watch for signs of infection:
 - a. Increasing redness or warmth around the incision

- b. Pus-like drainage
- c. Excess swelling or bleeding
- d. If you take your temperature and it is greater than 38.5 C in two readings 4 hours apart

Diet:

- 1) There are no long term changes to your diet after having your gall bladder removed.
- 2) After your surgery, while in hospital you will be immediately started on clear fluids and progressed slowly to a solid diet prior to discharge, although it is not a strict requirement for discharge.
- 3) You can slowly return to your regular diet, but for the first two to three days you may not feel like eating anything heavy as it takes some time for your bowels to start moving regularly
- 4) After any surgery always make sure you are drinking plenty of water as dehydration can be a common cause of post-operative emergency visits.
- 5) You may consume caffeinated beverages immediately after your surgery but for the first week be sure you are keeping hydrated as caffeine will dehydrate you.
- 6) Do not drink alcohol for the first 48 hrs after surgery and anytime while you are requiring prescription pain medication. Be very careful with alcohol as it can interfere with medications, and dehydrate you, and impair your recovery. If possible avoid for the first two weeks.
- 7) You may notice that you have looser stools and acid reflux may worsen. If this is persistent let your doctor know at your follow-up appointment. You may require medication including an anti-acid medication and an antidiarrheal agent.
- 8) Bear in mind that constipation is common after surgery particularly if you are on a prescription pain medication. You can use a stool softener like Restoralax or a fibre supplement like Metamucil for example to help ensure you have regular bowel movements.

Activity:

- 1) Immediately after your surgery you are encouraged to get out of bed and walk as this will decrease the risk of blood clots after surgery.
- 2) You are able to do most activities around the house including dressing yourself, walking up and down stairs.
- 3) Do not lift anything greater than 15 lbs for the first two weeks to avoid wound disruption or hernia formation. After two weeks you may slowly return to regular activity being careful to monitor any sensation of pain or strain on your incisions.
- 4) With respect to driving, you should not drive for the first 48 hrs after surgery and anytime you are requiring prescription pain medication. If you are easily fatigued, have pain that will restrict sudden movement or range of motion, or are having difficulty with being alert or concentrating, do not drive.
- 5) With respect to sexual intercourse, as long as the type of activity is not cause significant discomfort for your incisions you may slowly return to regular activity as you feel comfortable. Remember the lifting instructions in section 3).
- 6) With respect to work, for jobs not requiring heavy lifting (greater than 15lbs) we recommend you take at least 1 week off, and possibly more depending on your recovery. With respect to jobs requiring lifting greater than 15 lbs you may require at least 4 to 6 weeks off work, depending on the work.