

**PATIENT INSTRUCTIONS
GALL BLADDER SURGERY
(CHOLECYSTECTOMY)**

FOLLOW-UP: Please make an appointment with your physician in 1-2 weeks.

Our office is at:

5050 NE Hoyt St, Suite 610
Portland, Or 97213
(503) 467-4761

Call your physician immediately if you have any fevers greater than 101.5, drainage from your wound that is not clear or looks infected, persistent bleeding, increasing abdominal pain, problems urinating, or persistent nausea/vomiting. You should be aware that you may have right shoulder pain after surgery and that this will progressively go away. This is called 'referred pain' and is from the area of the gallbladder. It can also be caused by gas that may be trapped under the diaphragm from the surgery, especially if it was performed laparoscopically through mini-incisions. This gas will progressively get reabsorbed by your body.

WOUND CARE INSTRUCTIONS: Keep a dry clean dressing on the wound if there is drainage. The initial bandage may be removed after 48 hours. Please allow the tape strips (steristrips) to fall off on their own. You may shower. Once the wound has quit draining you may leave it open to air. If clothing rubs against the wound or causes irritation and the wound is not draining you may cover it with a dry dressing during the daytime. Try to keep the wound dry and avoid ointments on the wound unless directed to do so. If the wound becomes bright red and painful or starts to drain infected material that is not clear, please contact your physician immediately. You should also call if you begin to drain fluid that is thin and greenish-brown from the wound and appears to look like bile. If the wound is mildly pink and has a thick firm ridge underneath it, this is normal, and is referred to as a healing ridge. This will resolve over the next 6-8 weeks. Please avoid sun exposure to your wounds for a year as this can cause the scar to become more prominent.

DIET: You may eat any foods that you can tolerate. It is a good idea to eat a high fiber diet and take in plenty of fluids to prevent constipation. If you do become constipated you may want to take a mild laxative or take a stool softener on a daily basis until your bowel habits are regular. Constipation can be very uncomfortable, along with straining, after recent abdominal surgery.

ACTIVITY: You are encouraged to cough and deep breath or use your incentive spirometer if you were given one, every 15-30 minutes when awake. This will help prevent respiratory complications and low grade fevers post-operatively. You may want to hug a pillow when coughing and sneezing to add additional support to the surgical area(s) which will decrease pain during these times. You are encouraged to walk and engage in light activity for the next three weeks. You should not lift more than 20 pounds during this time frame as it could put you at increased risk for a post-operative hernia. Twenty pounds is roughly equivalent to a plastic bag of groceries.

MEDICATIONS: Try to take narcotic medications and anti-inflammatory medications, such as tylenol, ibuprofen, naprosyn, etc., with food. This will minimize stomach upset from the medication. Should you develop nausea and vomiting from the pain medication, or develop a rash, please discontinue the medication and contact your physician. You should not drive, make important decisions, or operate machinery when taking narcotic pain medication.

QUESTIONS: Please feel free to call if you have any questions.

Instructions given by: _____ Date: _____

Patient Released to: _____