Gallbladder Surgery with an Incision (Cholecystectomy)

It is normal to have questions about your surgery. This handout gives you information about what will happen to you before, during and after your surgery. If you still have questions, ask your nurse or doctor for more information.

General Information about Surgery

Before Your Surgery:
Before your surgery, a nurse will ask you questions about your health and your surgery. These questions may be asked during pre-admission testing, in your hospital room, or in the Ambulatory Surgery Unit.

Day of Your Surgery:
On the day of your surgery, a nurse will talk with you either in the Ambulatory Surgery Unit or in your hospital room. Your vital signs that include blood pressure, pulse, temperature and breathing rate will be taken at this time. Blood tests will be done, if needed. The nurse may put a needle into your vein called an IV or Intravenous to give you fluid. Dentures or partial plates, contact lenses, eyeglasses, hearing aids, and any other prosthesis must be removed before going to surgery. Nail polish, make-up, jewelry, and hair clips also will be removed.

Your family will be able to stay with you until you go to the Pre-operative Holding Area. The nurse will answer any questions and tell your family where to wait while you are in surgery.

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Learn more about your health care.
You will leave the Ambulatory Surgery Unit (ASU) or your hospital room on a cart. It is common to stop in the Pre-Operative Holding Area before going to surgery. While there, your anesthesiologist may talk with you. An IV will be started, if you do not already have one. Your hair will be covered with a paper hat, like the operating room staff wears.

**During Surgery:**
All staff in the operating room wears special scrub clothes, caps, and masks. You will notice that the room has bright lights and is quite cool. Many pieces of special equipment and tables are set up with supplies and instruments. A scrub nurse or operating room technician gets the instruments and supplies ready for your surgery. The staff will explain what will happen to you before they are done.

A nurse will be there to greet you and check your identification (ID) bracelet. You will be asked about allergies. Then you will be made comfortable on the operating room table. A safety strap will be put over your knees so you stay on the table. You will be covered with an extra blanket if you are cold and your arms may be tucked in at your sides or put on an arm board.

During your surgery you will be closely checked. Three leads used to monitor your heart will be put on your chest. They will be connected to a monitor that counts your heart rate. As the monitor counts your heart rate it makes a beeping noise. Your heart beat also may be seen on a screen. A small clip called a pulse oximeter is placed on your finger to measure your pulse and the amount of oxygen in your blood.

The time it takes for your surgery is estimated. Your surgery may take a longer or shorter time than you and your family was told. If your surgery takes longer than you were told, it does not mean that anything is wrong. Your family will be told how you are doing. After your surgery is over, the surgeon or an assistant will call or come to the waiting area to talk to your family.
After Surgery

After your surgery you will be moved on a cart and taken to the Post Anesthesia Care Unit (PACU). As you come out of anesthesia, a PACU nurse will watch you closely and check your blood pressure and heart rate. Your pulse and the amount of oxygen in your blood will be checked. If you need oxygen after your anesthesia, you will feel a tube on your face. When you first wake up, you may feel cold and you may shiver. This is normal if you have had general anesthesia. There will be other patients and a lot of activity and noise in the PACU. The nurse will try to wake you up during your time in PACU. If you have pain, ask your nurse to give you pain medicine.

When you are awake and your vital signs are normal, you will be taken to the Ambulatory Surgery Unit (ASU) or to your hospital room. Your vital signs, IV fluids and any drainage tubes and dressings will be checked. At this time, your family will be allowed to visit.

Planning for Discharge

Information on how to care for yourself at home and your medicines will be explained to you before you leave.

Before you go home, you should ask your doctor or nurse when you may do the following activities. Write in the answers in the spaces provided.

When may I:

- Climb stairs ____________
- Lift ______________
- Do housework __________
- Drive/ride in a car ______
- Take a shower / bath _____
- Have sex again __________
- Go back to work __________
- Go shopping ____________
- Do dishes _____________
- Lift ______________
- Do laundry _____________
- Vacuum ______________
- Mow grass ______________
- Dig garden _____________
- Weel garden _____________
- Other __________________
Information about Cholecystectomy

Cholecystectomy is the removal of the gallbladder through an incision in your abdomen (stomach area). There are two kinds of incisions your doctor may use. Sometimes the doctor will use a vertical (up and down) incision in the middle of your abdomen. Other times the doctor will use a crosswise incision on your upper right abdomen beneath your ribs. Absorbable stitches will be used inside your abdomen. The outside skin edges will be held together with staples or tape. A gauze dressing will cover your incision for a day or two after surgery. Your doctor will remove it and decide when the incision can be left uncovered. The nurses will check the incision for unusual bleeding, swelling, redness, or signs of infection.

Routine Observation

Your temperature, pulse, breathing and blood pressure will be checked often during your hospital stay. The nurses also will listen to sounds in your lungs and abdomen to be sure that function is returning to normal.

Intravenous Catheter (IV)

The IV placed in your hand or arm before surgery is used to give you fluids and antibiotics if you need them. The IV will be removed after you can drink enough liquids without feeling nauseated.

Activity

After surgery you should be as active as possible, both in and out of bed. While in bed you may turn any way that is comfortable. Lying in one position for a long time slows your recovery. We will help you change position in bed every 2 or 3 hours if you cannot do this by yourself. We also will help you get out of bed and walk the evening after your surgery. You can help yourself by being as independent as possible. The stitches
holding your incision together are strong. You will not damage the surgery areas with normal moving, walking, and coughing.

You will need to cough and breathe deeply 5 to 6 times every 1 to 2 hours while you are awake. This will reduce your risk of getting pneumonia. A breathing exerciser device can help you take deep breaths and cough. The nurse will show you how to use the device and will remind you to cough and deep breathe when you return to your room after surgery.

**Pain**

It is normal to have some pain around the area of surgery. However, you should be comfortable enough to move, walk, cough and deep breathe. Your doctor will order shots, pills, or both to help control your pain. Pain medicine can be given every 3 to 4 hours. The shots work faster and are often used the first 12 to 24 hours after surgery. Your nurse will help you decide whether to take the shots or the pills, if you have the choice and are unsure. Do not wait until the pain is severe before you ask for pain medicine. Pain medicine works best if you take it before the pain gets out of control.

You may have some gas pain discomfort and bowel changes such as diarrhea or constipation for a few weeks while your stomach and intestines return to normal. Less activity, anesthesia and pain medicines cause your bowels to work more slowly. Walking helps to make your bowels work a little faster. We will ask you to walk in the hallway 3 to 4 times a day while you are in the hospital. At home you should slowly increase your walking and activity. This will help your bowels and other body functions return to normal more quickly.

**Food**

You will probably be able to eat ice and drink water and liquids when you return to your room after surgery. If you are not able to drink liquids, the doctor will decide when you can. The doctor will also decide when you may progress to solid food. If you feel nauseated, begin with ice and clear liquids and progress to regular food more slowly, eating small amounts. If the nausea is severe, you can have medicine to control it.
Drains

You may have a drain tube placed near your incision during surgery. There are two kinds your doctor may use.

The first drain tube is a hemovac. It has flexible tubing that is placed under the skin to remove extra fluid and blood to speed healing. A container is placed on the outside end of the tube to provide some suction and collect the drainage. This container is emptied every 8 hours and the contents will be measured. Your doctor will decide when this drainage tube is no longer needed and can be removed.

The second kind of drain tube is used if your surgery involved the bile duct. A T-shaped tube is placed in the bile duct to drain the bile while the duct heals. This tube is called a "T-tube" and you may hear the doctors and nurses talking about your T-tube. A bag is placed on the end of the tube to collect the bile. The bag will be emptied every 8 hours and the bile is measured. Sometimes this tube is removed in the hospital before you go home. However, it is common to go home with this tube still in place. If you go home with the T-tube, your nurse will show you how to take care of it.

Discharge

When you are ready to go home, your doctor will give you written discharge instructions. This instruction sheet will tell you about lifting and activity restrictions, medicines you need to take, and when to return to your doctor. Be sure to follow these instructions carefully.

Wash carefully around your incision every day with soap and rinse with clean water. The skin around your incision may be a little red, like it is when you have a small cut. If the red area gets larger, swells, and feels warmer than the rest of your skin, then call your doctor. It is normal to have a little watery or dark bloody drainage from your incision for several days. Call your doctor if you notice a large increase in the amount of drainage or if it becomes thick and milky.

If you think you may have an infection or you just do not feel right, take your temperature. Your temperature may be a little higher than normal for a few days. Call your doctor if your temperature reaches 101 degrees or is 100 degrees for 4 - 5 days.

To promote healing at home return to your normal diet and become independent by taking care of yourself.