**Laparoscopic Gallbladder Surgery (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 your 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.

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Learn more about your health care.
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.

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 will take your vital signs often. 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 ______________
- Do laundry ____________
- Vacuum ______________
- Mow grass ______________
- Dig garden ______________
- Weed garden ____________
- Other ______________
Information About Laparoscopic Cholecystectomy

Laparoscopic Cholecystectomy is the removal of the gallbladder using scopes and tiny incisions. You will probably have 4 tiny incisions on your abdomen, including one on your navel. Each of these incisions will have 2 or 3 narrow strips of tape holding the skin edges together. These tapes will loosen and fall off in 7 to 10 days.

Routine Observation

If you are admitted to the hospital to stay the night, the nurses will continue to check your temperature, pulse, breathing, and blood pressure. The nurses will also 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 arm or hand 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

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 get out of bed and walk around the afternoon or evening of your surgery. You may be a little dizzy when you stand up, so be sure to have someone with you at first. When you feel steady on your feet, you can help yourself by being as independent as possible. You will not damage the surgery areas with normal moving and walking and coughing.

You will need to cough and deep breathe 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 this device. If you stay in the hospital, the nurses will remind you to cough and deep breathe after surgery. If you go home right after your surgery, you should take deep breathes every 2 hours.

**Pain**

It is normal to have some pain around the area of surgery. Your doctor will order pain pills for you. It is important to take the pain pills so you are comfortable enough to move, walk, cough and deep breathe. Pain pills may be taken every 3 to 4 hours. They are usually effective as long as you do not wait to take them until the pain is severe.

You may have some shoulder pain after this surgery. The shoulder pain will usually become less if you lie down and apply a heating pad. It will gradually decrease and then go away after a few days.

**Food**

After your surgery, you will be able to drink liquids. If your surgery is done early in the day, you will be able to have solid food for supper. If it is done in the afternoon, you will begin solid food the next day. You may have some nausea after this surgery. If you have nausea, eat ice and clear liquids first, and then progress carefully to regular food. It will probably take a few days for your appetite to return to normal.

You may have some gas pain and bowel changes such as diarrhea or constipation while your stomach and intestines return to normal.

**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 incisions 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 this red area gets larger, swells, and feels warmer than the rest of your skin, call your doctor. It is normal to have a little watery or dark bloody drainage from your incisions 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 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 to 5 days.

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

Talk to your doctor or others on your health care team if you have questions. You may request more written information from the Library for Health Information at (614) 293-3707 or email: health-info@osu.edu.