



# The Gallbladder

## Cholecystectomy: What to Expect at Home

### *Your Recovery*

After your surgery, it is normal to feel weak and tired for several days after you return home. Your belly may feel swollen, or you may feel bloated. Sometimes with laparoscopic surgery, you may also have an ache in your shoulder for a day or two.

You may have gas or need to burp more often than usual. Some experience diarrhea after surgery, or after meals with fatty foods. The diarrhea usually goes away in 2 to 4 weeks, but sometimes it may last longer.

Most people can go back to work, or their normal routine, in 1 to 2 weeks, but for strenuous activities, work, or exercise, taking 2 to 3 weeks off usually pays off by minimizing your pain while you heal.

This care sheet gives you a general idea about how to recover and how long it will take for you to recover. However, each person recovers at a different pace. Follow the steps below to get better as quickly as possible.

### **How can you care for yourself at home?**

#### **Activity**

1. Rest when you feel tired. Getting enough sleep will help you recover.
2. You must mobilize/walk each day. Walk a little more than you did the day before. Walking boosts blood flow and helps prevent pneumonia and constipation, and has other benefits such as improving your mood, sleep, and healing.
3. Avoid strenuous activities, such as biking, jogging, weightlifting, and aerobic exercise, until your doctor says it is okay. 2 to 3 weeks is enough time for most people.
4. You may shower the evening of surgery if you wish. The skin glue will stay sealed to the skin for a shower. But please do not bathe or soak the wounds because the glue will eventually come off. Do not take a bath for the first 2 weeks, or until your doctor tells you it is okay. Do not use a hot tub or pool for 4 weeks, just to be safe.



5. You may drive when you are no longer taking pain medicine and can quickly move your foot from the gas pedal to the brake. You must also be able to sit comfortably for an extended period, even if you do not plan to go far. You may get caught in traffic.
6. Sex is fine when it feels fine to you. Pain or tenderness should prompt you to stop or otherwise change your situation.

## Diet

1. Eat small meals more often throughout the day, rather than having fewer, larger meals. You can eat your usual foods but avoid eating fatty foods for about 2 weeks if you experience diarrhea after meals. Fatty foods include hamburger, whole milk, cheese, nuts, avocado, and many snack foods. If your stomach is upset, try bland, low-fat foods like plain rice, broiled chicken, toast, and yogurt.
2. Drink plenty of fluids (unless your doctor tells you not to).
3. If you have diarrhea, try avoiding spicy foods, dairy products, fatty foods, and alcohol. You can also watch to see if specific foods cause it and stop eating them temporarily. If the diarrhea continues for more than 2 weeks, talk to your surgical team.
4. You may notice that your bowel movements are not regular right after your surgery. Some are constipated and others have diarrhea. Both are common and manageable. Try to avoid constipation and straining with bowel movements by drinking more fluids, preferably water and taking an over-the-counter stool softener and laxative. Make sure you choose fiber-rich foods and include them in your future food choices.

## Medicines

1. Your doctor will tell you if and when you can restart your medicines. They will also give you instructions about taking any new medicines if they are needed.
2. If you take blood thinners, examples are warfarin (Coumadin), clopidogrel (Plavix), or aspirin, be sure to read your instructions given to you before and after surgery, and if you have questions, please talk to your doctor. They will tell you how and when to start taking those medicines again. Make sure that you understand clearly what your doctor wants you to do.
3. Take pain medicines exactly as directed. If the doctor gave you a prescription medicine for pain, take it as prescribed, but not more or more often than prescribed. If you don't feel you need pain relief, then it is your choice not to take any. These are recommendations that have worked well, in our experience.
  - a. Ibuprofen and Tylenol are wonderful pain medications but must be used with a plan to receive help from them. If no one has recommended that you avoid taking these medications, you should start your efforts at pain relief with these prior to



- starting any narcotic pain medications (hydrocodone/Norco/Vicodin, oxycodone/Percocet, and more).
- b. A good regimen is to alternate Tylenol and ibuprofen every 3-4 hours (500 to 650 mg of Tylenol, then 600 mg of ibuprofen three hours later, then repeat the Tylenol dose three hours after that, and the ibuprofen three hours after that, and so on). If you cannot take one or both of these medications, please let your doctor know so we can help.
  - c. Do not take two or more pain medicines at the same time unless the doctor tells you to. Many pain medicines contain acetaminophen, which is Tylenol. Too much Tylenol can be harmful to your liver.
  - d. If you think your pain medicine is making you sick to your stomach:
    - i. Take your medicine after meals.
    - ii. Ask your doctor for a different pain medicine or an anti-nausea medication.
4. If your doctor prescribed antibiotics, take them as directed. Do not stop taking them just because you feel better. You need to take the full course of antibiotics.

### **Incision care**

1. If you have glue over your incision, you need only to not pick it off or soak it under water. Your body will heal beneath the glue, and the glue will loosen at the edges and flake off eventually. You may shower as soon as the evening after surgery, assuming you feel strong enough to do so safely.
2. If you have strips of tape on the incision, or cut, leave the tape on for a week or until it falls off. After 2 to 3 days, gently wash the area with warm, soapy water, and pat it dry. Do this daily.
3. You may have staples to hold the cut together. Keep them dry for three days. On the fourth day after surgery, you may shower, as described above in #2. Your surgical team will remove the staples approximately 8 days after surgery.
4. You may cover the incision(s) with a gauze bandage or band-aid if it weeps or rubs against clothing. Be sure to change the bandage every day.

### **Ice and Pain Relief**

To reduce swelling and pain, put an ice or cold pack on your belly (over the painful spots) for 10 to 20 minutes at a time. Do this every 1 to 2 hours. Put a thin cloth between the ice and your skin, such as a tee-shirt to prevent cold injuries to the skin.



**Follow-up care is a key part of your treatment and safety.**

Call the clinic to schedule a follow up appointment 2 to 4 weeks after your surgery. Be sure to call your doctor if you are having problems.

**When should you call for help?**

**Call 911** anytime you think you may need emergency care. For example, call if:

1. You recently passed out (lost consciousness).
2. You have severe trouble breathing.
3. You have chest pain, jaw, shoulder, or arm pain.

**Call your doctor now** or seek immediate medical care if:

1. You are sick to your stomach and cannot drink fluids.
2. You have pain that does not get better when you take your pain medicine.
3. You have signs of infection, such as:
  1. Increased pain, swelling, warmth, or redness.
  2. Red streaks leading from the incision.
  3. Pus draining from the incision.
  4. Swollen lymph nodes in your neck, armpits, or groin.
  5. A fever (100.4 F or higher).
4. Your urine turns deep brown and doesn't lighten up after drinking more water, or if your stool is light-colored or clay colored.
5. Your skin or the whites of your eyes turn yellow.
6. Bright red blood has soaked through a large bandage over your incision.
7. You have signs of a blood clot, such as:
  1. Pain in the calf, back of knee, thigh, or groin.
  2. Redness and swelling in a leg or groin.
8. You have trouble passing urine or stool, especially if you have bloating and distention of the abdomen.