GRANGER MEDICAL CLINIC

Exceptional Care. One Patient at a Time.

General Surgery
Ian Cavin, DO and C. Reese Davis, MD
11724 S. State Street, Ste. 201, Draper, UT 84020
2965 W. 3500 S., West Valley City, UT 84119
Phone: 801-955-0071. Fax: 801-955-0072

Post-Operative Instructions: Laparoscopic Cholecystectomy

Diet:

- Start with clear liquids after surgery to prevent nausea, vomiting, and constipation (i.e. soup, Jell-O, juices, popsicles, Gatorade/Powerade, water, etc.) Drink plenty of water (64 oz or more per day).
- Advance to regular diet tomorrow. Eat lots of whole grains, fruits, and green leafy vegetables. Avoid dairy products or foods that might cause constipation.
- Avoid high fat or heavier foods for the first few days because it may cause diarrhea or nausea.

Medication:

- Take the pain medication prescribed by your doctor. You will be prescribed a small-dose narcotic medication, ibuprofen, and an anti-nausea medication. Make sure you take these medications with food.
- Alternate your pain medications every 4 hours for better pain control. (i.e. take small-dose narcotic at 8:00 am, then at 12:00 noon take ibuprofen. 4:00pm take the narcotic again, and so-forth.)
- If you do not want to take the small-dose narcotic medication, you may switch to Tylenol. You may take Tylenol and ibuprofen at the same time. **Do NOT take Tylenol and the narcotic medication at the same time.**
- Take laxatives, such as MiraLAX or Dulcolax tablets, once or twice daily to avoid constipation. Start after surgery and may discontinue one your stools become regular.

Activity:

- Rest for the first 24 hours after surgery.
- Walk short distances, like to the bathroom, only on the night of surgery.
- Day after surgery, get up and walk as tolerated. Take short walks throughout the day and gradually increase walking over the next few days after recovery.
- Do not make sudden positional changes; if lying down, sit up for a minute before standing.
- No driving for the next 3 days or while on narcotic pain medication.
- No lifting, pushing or pulling anything greater than 10-25 pounds for 3 weeks after surgery.
- A safe rule of thumb: "if it hurts, don't do it."
- When coughing, be sure to place light pressure with a pillow over the incision to reduce the pressure from the cough.

Dressing/Bandages:

- There will be 3 to 4 small incisions in the abdominal area. Your incisions will be closed with skin clips or sutures as determined by your surgeon. Dressing will cover your incisions.
- Keep your dressing clean and dry for 24 hours.
- You may remove the outer dressing after 24 hours.
- If you have steri strips (thin strips of white tape), leave them in place until your follow-up appointment with your doctor. They may start to fall off on their own in about 10 days, sometimes sooner (that's ok).
- If you have Indermil (a topical skin adhesive), this will naturally slough off your skin in 5 to 10 days. Do not rub, scratch, or pick and the Indermil.
- Do not apply any medications, ointments or products to your incisions while open, draining or scabbed.

Bathing:

- You may shower after 24 hours after surgery. Gently pat-dry the wound area and incisions a soft, clean towel.
- Do not scrub or rub on your incisions.
- No soaking or bathing in a tub or swim in a pool/hot tub for at least 10 days after surgery.

Miscellaneous:

- No alcohol for 24 hours after surgery or while taking any narcotic pain medication.
- Do not make any personal or business decision for 24 hours or while taking any narcotic pain medication.
- Recommendation is to have a responsible adult with you for the rest of the day and night following surgery.

What to Expect:

- Right shoulder discomfort, chest tightness, or bilateral shoulder discomfort for 24 to 48 hours after surgery. This will gradually go away. It is caused by carbon dioxide that was used to inflate your abdomen during the procedure. Carbon dioxide is a gas, and like all gases, travels upwards, settling on your chest and shoulders.
- Bloating and fullness in your stomach. Your abdomen may be distended for a few days after surgery. Also caused by the carbon dioxide. The gas will start to move out of your system naturally. You may experience flatulence which may help.
- Soreness in the abdominal area, similar to an ache you would feel after starting a new exercise program to evolve your abdominal muscles. This ache will gradually go away within a few days.
- There may be a large black or blue area (bruise) on your abdomen that stretches to your hip. This may appear within the first week after surgery. It is caused by blood pooling under the skin from your surgery. Your body will absorb this blood over time. The bruise will turn yellow and disappear in time.
- You should not see any ongoing bleeding from the incision greater than a few drops at a time.
- Bowel movement irregularity is expected when taking narcotic pain medication. It is recommended that you take a stool softener or a laxative needed for constipation (see medication for details).
- You may feel sleepy during the day with the narcotic pain medication, but not excessively so. Take short walks as tolerated to keep energy and movement in your body.
- You may have some nausea or vomiting the day of surgery, sometimes also with the narcotic pain medication, but this should not persist.
- You may have a sore throat.

Possible Problems:

Call 801-955-0071 to speak with your surgeon or on-call surgeon if:

- Unable to drink liquids or keep liquids in your system because of nausea and vomiting.
- Unable to urinate 8 hours after surgery.
- Temperature of 101*F.
- You notice excessive bleeding or unexpected drainage from the incisions.
- You notice extreme redness or warmth around your incision sites.
- Wound edges, opens, or separates.
- Nausea of vomiting 24 hours after surgery.
- Excessive pain even while taking pain medication. (Understand pain medication may not completely eliminate discomfort.)
- Pain or swelling in the legs.
- Excessive diarrhea. Occasional loose stool is not uncommon. However constant, watery diarrhea can lead to dehydration.
- You can present yourself to the Emergency Department for evaluation and they will contact your surgeon.

Other Information:

- The hospital will call you the day before your procedure with a time that you will need to arrive at the hospital and any other important information that you will need to know prior to surgery.
- You must have someone available to drive you home after your surgery.
- You may receive up to 4 separate bills from surgery: 1-facility, 2-physician, 3-anesthesia, 4-pathology
- Wear comfortable clothing. Bring your glasses, hearing aids, insurance cards and identification cards.
- If you must cancel or reschedule your procedure, please give notice 2 full business days in advance.
- Post op visit is to be scheduled as needed after surgery. Please call with any questions or concerns.