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Gallbladder Surgery (Cholecystectomy)

Your Surgery and Recovery at Home

This booklet belongs to:

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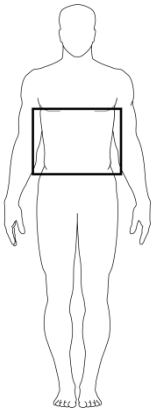
Gallbladder Surgery

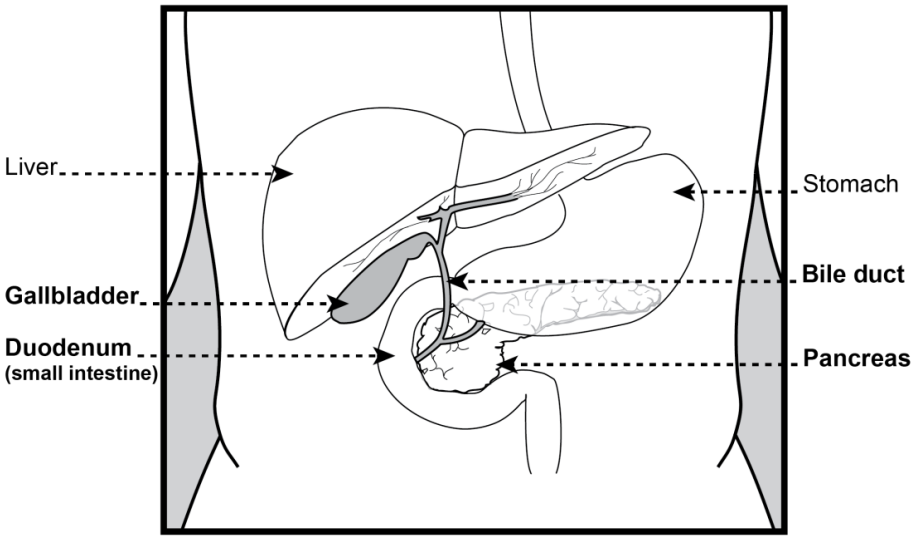
(cholecystectomy)

You are having surgery (an operation) to remove your gallbladder.

The gallbladder stores bile made in the liver. The gallbladder releases bile into your intestine (gut) through the bile duct when you eat. Bile is a digestive juice that helps your body digest the fats we eat and absorb fat-soluble vitamins.

The gallbladder is usually removed if people have problems with gallstones. Gallstones form in the gallbladder from cholesterol and bile salts. These 'stones' can block the flow of bile out of the gallbladder. If this happens, the gallbladder swells up, resulting in sharp abdominal pain, indigestion, or throwing up (vomiting). For most people, digestion of fat is not affected with the gallbladder removed. Bile just flows directly from the liver to the intestines.





This surgery can be done one of two ways:

1. **Open incision:** The surgeon makes one long cut through the skin (an incision) and does the surgery through that opening. You will have an incision 10 to 20 centimetres (4 to 8 inches) long in your abdomen. This surgery usually takes about 1 to 2 hours.
2. **Laparoscopy:** The surgeon makes 4 to 6 small cuts in your abdomen. Through one of these incisions, the surgeon inserts a tiny camera (a laparoscope) so the area can be viewed on a video monitor. The surgery is done using different long skinny tools inserted through the other small incisions. This surgery usually takes about 1 hour.

You and your surgeon choose what is best for you.

Read '**Preparing for Your Surgery**' booklet for instructions on how to prepare for your surgery.

After Your Surgery

Going home

How long you stay in the hospital depends on:

- your health before the surgery
- the type of surgery
- how you recover from the surgery

Most people can go home 3 to 4 days after open incision surgery. Those who have laparoscopic surgery usually go home the same day as the surgery.

You are ready to go when:

- ✓ You are eating and drinking regular food and drinks.
- ✓ Your pain is well controlled with pills.
- ✓ You know what medications (including new ones) you are taking, how to take them, and why you need them.
- ✓ You have prescription(s) for your medications, if needed.
- ✓ You have a ride home from the hospital.
- ✓ You have arranged for some help at home for the first few days, if needed.

Caring for Yourself at Home

Managing pain

It is normal to have some discomfort or pain when you return home. This should steadily improve but might last for a few days to a couple of weeks.

The level of pain and type of pain medication you need depends on:

The type of surgery you had
How the surgery was done (open or laparoscopy)
If you were taking pain medicine before surgery

Your pain should be at a comfortable level that allows you to move, deep breathe, cough, and to do every day activities.

When you are ready to go home, your surgeon will give you instructions to take pain medicine. This might include a prescription for an opioid (narcotic).

For the first few days:

If your pain is at an uncomfortable level, take your pain medicine as directed. As your pain improves, take your pain medicine less often and/or a smaller amount until you have little or no pain, then stop.

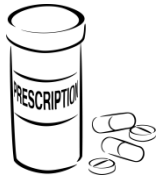
At first, you might have to take a prescription medication. After a short time and as your pain improves, a non-prescription pain medicine should be enough to manage your pain.

Non-prescription pain medicines (also called 'over-the-counter' medicines) are ones you can buy at the pharmacy without a prescription. You might only need to take this type of medicine if you don't have much pain after surgery.

Examples of non-prescription medicines (and brand names):

- acetaminophen (Tylenol®)
- ibuprofen (Advil®, Motrin®) ★
- naproxen (Naprosyn, Aleve®) ★

★ **Note:** These non-prescription medicines are called **non-steroidal anti-inflammatory** (NSAIDs).
NSAIDS are not for everyone after surgery. If you have (or have had) health problems such as stomach ulcers, kidney disease, or a heart condition, check with your surgeon or family practitioner before using NSAIDs.



Questions about medicines?

Call your local pharmacy and ask to speak to the pharmacist.

For after-hours help, call 8-1-1.
Ask to speak to a pharmacist.

Family Practitioner: Refers to either a family doctor or nurse practitioner

Remember
You can do other things to help ease your pain or distract you from the pain:
- ✓ Slow breathing
- ✓ Listen to music
- ✓ Watch T.V.

Opioid (narcotic) pain medications are only meant to be taken for a short time, if needed, to manage pain after surgery.

Do not drive or drink alcohol if you are taking opioid medications.

Examples of opioids:

- Tramacet® (tramadol and acetaminophen) ★
- Tylenol #3® (codeine and acetaminophen) ★
- Oxycocet® / Percocet® (oxycodone and acetaminophen) ★
- tramadol, hydromorphone, morphine, oxycodone

★ **Note:** These medications also have 300 to 325mg acetaminophen in each tablet. It is important to know because you should not take more than 4000mg of acetaminophen in a day from all sources (too much can harm your liver).

Always read the label and/or information from the pharmacist for how to safely take medication.

Drinking and eating

It might take some time before your appetite returns to normal. To heal, your body needs extra calories and nutrients, especially protein.

To get the nutrients you need:

- Drink at least 6 to 8 glasses of liquid each day (unless you have been told differently because of a medical condition).

- Eat foods high in protein such as meat, poultry, fish, eggs, dairy, peanut butter, tofu, or legumes.

Need help with food choices?
Call 8-1-1.
Ask to speak to a dietitian.

Keeping your bowels regular

You can get constipated because you are taking opioid pain medication, are less active, or eating less fibre.

To prevent constipation:

- Drink at least 6 to 8 glasses of liquid each day (unless you have been told differently because of a medical condition).
- Add high fibre foods to your diet such as bran, prunes, whole grains, vegetables, and fruit.
- Increase your activity.

If you continue to be constipated, talk with a pharmacist or family practitioner about taking a laxative.

Caring for your incision

Always wash your hands before and after touching around your incision site(s).

Before you leave the hospital, your nurse will teach you how to care for your incision(s).

Showering:

- If you had open incision surgery, you can shower once your tubes and lines have been taken out, usually within 2 days after surgery.
- If you had laparoscopic surgery, you can shower 2 days after the surgery.
- Continue to take only showers for at least 2 weeks after your surgery.
- Try not to let the shower spray directly on your incision(s) or bandage if still covered. Gently pat the area dry.

For at least the next 2 weeks or until the incision is healed:

- ✖ No soaking in a bath tub or hot tub.
- ✖ No swimming.
- ✖ No creams, lotions, or ointments on your incision, unless directed by your surgeon.

Doing any of these things could delay healing.

Managing moods and emotions

After major surgery, it is quite common to have a low mood or changeable mood at times. If you find your mood is staying low or is getting worse, contact your family practitioner.

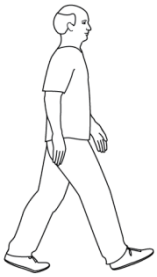
Getting rest

It is very common in the first few weeks to feel tired and have low energy. Rest and sleep help you heal.

Try to get at least 8 hours of sleep each night. Take rest breaks and naps during the day, as needed.

If you have trouble sleeping, talk to your family practitioner.

Being active



Activity and exercise help build and maintain your muscle strength, give you more energy, and help with recovery. You need to find a balance between rest and activity. Pace yourself for the first few weeks.

Slowly increase how much you do each day (your activity level). Increase the distance and time you walk. Only increase your activity level as much as you comfortably can.

If you are still having pain, exercise 30 minutes after you have taken your pain medication.

Your surgeon will tell you when you can increase your activities at your follow-up appointment.

For the next 4 to 6 weeks, limit heavy activities to protect your incision and abdominal muscles:

- **Do not** lift, push, or pull anything over 4 to 5 kilograms (10 pounds). This includes carrying children and groceries.
- **Do not** vacuum, rake leaves, paint walls, reach for things in high places, or any other reaching activity.
- **Do not** play any sports, do high intensity exercise, or weight training.

A 4 litre milk jug weighs 4 kg (9 pounds)

You can return to **sexual activity** when you feel ready and your pain is well controlled.

Usually, you can return to **driving** when you can shoulder check and comfortably wear your seatbelt. If you are not sure about it, ask your surgeon.

Remember: Do not drive when you are taking opioid pain medication.

Common question: "When can I go back to work?"

- After open incision surgery 4 to 6 weeks
- After laparoscopic surgery 7 to 14 days

Other questions you might have:

Examples: 'When will I be able to return to my regular activities?' 'When can I return to my sports?'

When to get help

Call your surgeon or family practitioner if:

- Your skin and whites of your eyes look yellow or your urine is a dark tea colour (signs of jaundice).
- You have a fever over 38°C (101°F).
- Your incision is warm, red, swollen, or has blood or pus (yellow/green fluid) draining from it.
- You have a cough that continues to get worse.
- You have redness, tenderness, or pain in your calf or lower leg.
- Your pain does not ease with pain medicine, or stops you from moving and recovering.
- You are throwing up often.
- You have diarrhea that is severe or continues for more than 2 days.
- You feel increasingly tired or dizzy.

Available in 130 languages.

For an interpreter, say your language in English. Wait until an interpreter comes on the phone.

Cannot contact the surgeon or family practitioner?
Have any questions about your recovery?
Call **8-1-1** [redacted] to speak to a registered nurse any time - day or night.

Call 9-1-1 if you have any of the following:

- trouble breathing or shortness of breath
- chest pain
- sudden, severe pain

9-1-1