

Acute Care Surgery Service

Frank Traupman, MD

Nina Glass, MD

Aziz M. Merchant, MD

Fariha Sheikh, MD

Anastasia Kunac, MD

Nechama Diamond, PA-C

Amy Gore, MD

When to call:

- ▶ Fever of more than 101 F.
- ▶ Redness, swelling, bleeding or drainage from the incision.
- ▶ Worsening pain - If pain is still uncontrolled please call the office.

Follow-Up:

Please call our office at **973-322-2686** to schedule an appointment 1-2 weeks after surgery.

Our office is located at:

Saint Barnabas Medical Center

94 Old Short Hills Road

Livingston, NJ 07039

Department of Surgery Suite 1172 on the first floor.

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Acute Care Surgery Comprehensive Recovery Guide - Gallbladder Surgery (Cholecystectomy)

What is the Gallbladder?

The gallbladder is a small organ located under the liver. The liver produces bile which helps digest fats. Bile is stored in the gallbladder. When you eat fatty foods the gallbladder squeezes bile out through the duct and into the small intestine.

What is Cholecystitis?

Cholecystitis is an infection of the gallbladder. This occurs when a gallstone (cholelithiasis) blocks the flow of bile to the ducts.

Signs of cholecystitis include: sharp pain in the right upper abdomen, fever, nausea and bloating, jaundice (yellowing of the skin).

Cholecystitis is diagnosed based on your symptoms, lab work and ultrasound. In some cases further imaging may be necessary such as HIDA scan or MRCP. An ERCP, an endoscopic procedure done by a gastrointestinal specialist, may be done in certain situations.

When is the gallbladder removed?

If you are diagnosed with cholecystitis, or have frequent bouts of pain due to gallstones, it is recommended to have the gallbladder removed to prevent further complications.

The surgery is usually done laparoscopically, which involves several small incisions on your abdomen through which the surgeon places a camera and instruments to remove the gallbladder.

In some cases the surgery may need to be done through a larger incision (open cholecystectomy).

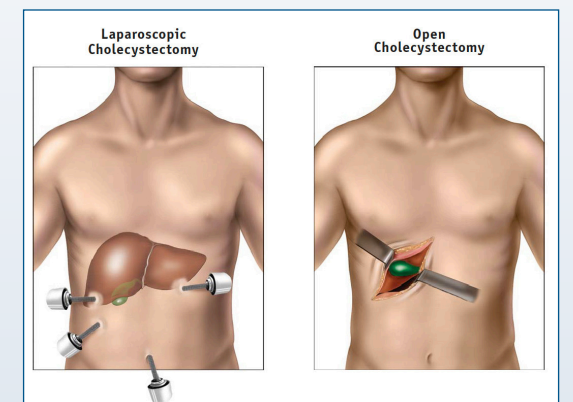
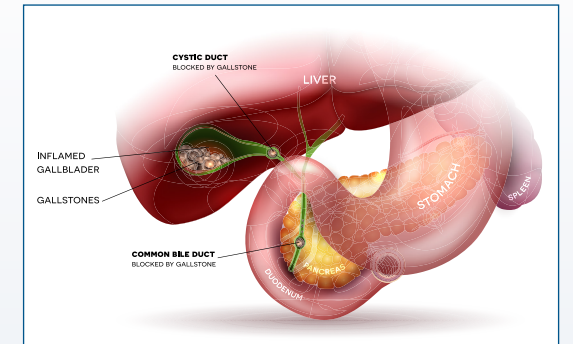


Image: American College of Surgeons

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	Time in hospital	Once Discharged
Pain Management	<ul style="list-style-type: none"> • IV and oral medications • TAP Block (done by anesthesia) 	<ul style="list-style-type: none"> • Acetaminophen (Tylenol®) and Ibuprofen (Motrin®, Advil®). Alternate taking Acetaminophen and Ibuprofen every 4-6 hours on a regular schedule for the first 1-3 days. Then take as needed. Do not take more than 4,000mg of Acetaminophen per day or 3,200mg of ibuprofen per day. • Heat or ice packs. Do not place the pack directly on your incision, place a towel or clothing between the pack and your skin. • If you need to cough, place a pillow over your abdomen for support. • Pain after surgery is expected and normal. The pain is typically worse the first 1-3 days and will improve every day thereafter. Shoulder pain can occur after laparoscopic surgery.
Nutrition	<ul style="list-style-type: none"> • Drink carbohydrate loading drink 2 hours before surgery • Post-op: Regular diet unless nausea/vomiting or if doctor indicates differently 	<ul style="list-style-type: none"> • Regular diet - high-fiber foods to prevent constipation • Stay hydrated with water
Activity	<ul style="list-style-type: none"> • Out of bed 2 - 4 hours a day • Ambulate at least 3 times a day in hallway 	<ul style="list-style-type: none"> • Walk as much as possible, this will help with gas pain. • Do not lift more than 10-15 pounds for the first 4-6 weeks after surgery. • Slowly work up to 30 minutes of moderate-intensity physical activity most days of the week. • Do not drive if you are taking prescription pain medication.
Medications	<ul style="list-style-type: none"> • IV antibiotics • IV and oral fluids • Pain Medications • Stool Softeners 	<p>Medications reconciliation/cross-checked and reviewed before discharge:</p> <ul style="list-style-type: none"> • Stool softeners (Miralax®, docusate) • Simethicone (Gas-X®) as needed
Respiratory	Incentive Spirometer 10 breaths each hour when awake	<ul style="list-style-type: none"> • Incentive Spirometer 10 breaths each hour when awake
Skin	You may shower next day after your surgery	<ul style="list-style-type: none"> • If you have surgical glue (Dermabond) covering the incisions it will peel off on its own around 2 weeks after surgery. • If you have gauze and tape (Tegaderm) covering your incisions please remove this 1-2 days after surgery. Keeping these dressings on too long can lead to infection. Under the gauze will be small tape strips (Steri-strips), these will peel off on their own, do not remove them. • Do not pick at surgical tape or glue. • Do not soak in a tub or pool until you're instructed.
Testing	<ul style="list-style-type: none"> • Routine Blood work • Pre-op Imaging (ultrasound, HIDA, MRCP) • Chest X-ray • EKG if needed 	<ul style="list-style-type: none"> • Repeat imaging or bloodwork as per doctor's orders.
Planning for Home	Discharge planning	<ul style="list-style-type: none"> • Schedule follow-up appointment with surgeon 1-2 weeks after surgery. • Prescriptions for new or changed medications should be filled and reviewed with patient and family.