



## Laparoscopic Cholecystectomy

### **What do I need to know about my laparoscopic cholecystectomy?**

Gallstones are one of the most common disorders of the gastrointestinal tract. Although most people are asymptomatic, approximately 1 million people in the United States develop symptoms related to their gallstones each year. These symptoms can include mostly right-sided upper abdominal pain and nausea and vomiting, usually after eating fatty foods. These symptoms may become severe enough to affect lifestyle, and in some cases, may cause more significant complications like infection and problems with the liver or pancreas.

If you have symptoms or complications from gallstones, your physician may recommend that you undergo cholecystectomy, or removal of the gallbladder. Fortunately, removing the gallbladder does not have significant long-term effects and patients can expect to resume their usual diet without restrictions. Although some medical treatments are available, none have been shown to be as effective as surgery.

A laparoscopic cholecystectomy is a minimally invasive approach that involves specialized video equipment and instruments that allow a surgeon to remove the gallbladder through four tiny incisions, most of which are less than a half-centimeter in size. One advantage of this method is a brief hospitalization. Most of the time it can be performed as an outpatient operation (check into the hospital, have surgery and return home the same day) or simply an overnight stay. Other advantages include less pain (less of a need for pain medication), fewer and smaller scars, and a shorter recovery. Rarely, it may be necessary to perform an open procedure to remove the gallbladder requiring an abdominal incision under the right side of the rib cage, which cuts through the skin and muscle. A hospital stay of 3-5 days is usually required and the time to full recovery and return to work is measured in weeks.

Laparoscopic cholecystectomy is a safe and effective treatment of gallbladder disease. However, in the presence of infection, adhesions, or variations in anatomy, this method becomes dangerous and your surgeon may need to make the prudent decision to continue by making the traditional incision to safely complete the operation. This should not be seen as a failure, but as a wise decision by your surgeon to prevent dangerous complications.

Other complications, although rare, include bleeding and infection. It is extremely

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uncommon to require a blood transfusion for this operation. In addition, a more serious complication is injury to the main bile duct, which occurs in less than 1% of patients. This injury may be identified and fixed at the time of surgery or in the days following surgery. Injuries may include a "bile leak" from one of the ducts or a blockage of the ducts. Treatment options vary, depending on the location and severity of injury and almost always require admission to the hospital. The placement of a drain, endoscopy (viewing through a scope), and stenting of the bile duct (to help keep it open), or further surgery may be required.

In an otherwise healthy person, little is required to prepare for surgery. Depending on your age, gender, and health problems, some routine blood tests, an EKG and a chest x-ray may or may not be needed. Your surgeon or family doctor will order these tests as needed. You will be asked to refrain from eating 8 hours before surgery. Be sure to let your doctor know what medications you are taking, as some will need to be stopped before surgery. In general, all blood thinners need to be stopped for several days. These include aspirin, Ibuprofen or Motrin, Coumadin and Plavix.

Gallbladder operations are performed under general anesthesia, which means you will be completely asleep for the procedure. An IV line will be placed in your arm for fluids and you will be brought into the operation room. The anesthesiologist and nurses will use monitors to check your heart rate and breathing during the procedure. These may include EKG leads, a blood pressure cuff, an oxygen mask and sleeves on your legs to prevent clots from forming.

Once you are asleep, the operating room team will work together to perform your operation. When your operation is complete, you will be awakened from anesthesia in the operating room but you may not remember this. After a few hours in the recovery room, the nurses will help you out of bed and give you something to drink. It is common to feel groggy and nauseated soon after surgery and medication is available to help with these discomforts. Most elective gallbladder surgery is performed as an outpatient operation. A family member or friend should be available to take you home the same day of surgery.

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## **POST-OPERATIVE INSTRUCTIONS**

### **FOLLOWING LAPAROSCOPIC GALLBLADDER SURGERY**

#### **ACTIVITIES**

Laparoscopic gallbladder surgery causes less damage to the muscles and other tissues than a standard gallbladder surgery incision. For this reason, there are fewer restrictions on your physical activity than might be expected.

#### **Walking:**

Walking is permitted and encouraged beginning within hours of your operation. Start with short walks and gradually increase the distance and length of time that you walk.

#### **Climbing:**

Climbing stairs is permitted. Initially, some assistance may be necessary.

#### **Lifting:**

Lifting is permitted without restrictions.

#### **Showers:**

Showers are permitted the day after surgery. Be careful to clean your incision (steri-strips and all), with a mild soap. Rinse well and pat dry.

#### **Driving:**

Driving may be resumed 3-5 days following surgery. Care should be taken after that point if you are still taking prescription pain medications.

#### **Sex:**

Sex may be resumed two days after surgery.

#### **WOUND CARE**

#### **Stitches:**

Stitches are placed just beneath the surface of the incision. The material is absorbed by your body in about 6 weeks and does not need to be removed. Occasionally, you will note a small white string at your incision site. This string can be cut at the surface of the skin using a clean pair of scissors (wipe with isopropyl alcohol prior to cutting).

#### **Steri-strip:**

Steri-strips may be removed as they begin to lift off the wound. If they have not already done so, they may be completely removed 7 days after surgery. Moisten the strips with a little peroxide if they are stuck to the incision.

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## DIET

There are generally no dietary restrictions following surgery. Foods which cause you discomfort or do not agree with you should be avoided. Most patients find that they are able to eat many foods that they were not able to tolerate prior to surgery. Gradually introduce these items to your diet and determine how well you tolerate them.

## MEDICATIONS

### Pain:

Your physician will prescribe Pain medications after surgery. We recommend Extra Strength Tylenol or Advil for mild to moderate pain. If this does not sufficiently control your pain, take the prescribed pain medications according to the directions on the label.

### Stool Softener:

Stool softener or mild laxative may be necessary if you do not have a spontaneous bowel movement within 3 days of your surgery. Call the office for further instructions.

## RETURN TO WORK

Most patients will be able to return to work or resume their usual level of function 7-10 days after surgery. This may need to be determined by you and your employer. Some patients have residual fatigue for a couple of weeks following general anesthesia.

**CALL THE OFFICE** if you have any questions or problems. Call immediately if you notice any of the following symptoms:

1. Persistent nausea or vomiting.
2. Fever greater than 101.5F.
3. Increased abdominal pain.
4. Pus or increased redness around the incisions.
5. Severe shoulder pain lasting more than 3 days.

**This information is not intended to take the place of a visit with your physician. If you have further questions about preoperative symptoms or postoperative conditions, please contact your physician.**

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