

NORTH BAY GENERAL SURGERY

Dr. Singh, BSc, MBA, MD, FRCS(C)
Dr. Kumar, MBBS, FRCS(C)
Dr. Niebergall, MD, FRCS(C)
Dr. Menezes, MD, FRCS(C)

107 Shirreff Ave, Suite 206

North Bay ON, P1B 7K8

Phone: 705-472-2646

Website: www.northbaygeneralsurgery.com

E-mail: northbaygeneralsurgery@gmail.com

Laparoscopic Cholecystectomy

YOUR SURGERY DATE: _____ **with DR.** _____

The Preadmission Clinic (PAC) will be calling you to arrange an appointment, at this appointment they will give you the arrival time for your surgery. Occasionally we are required to reschedule surgery dates due to emergency cases or urgent cancer cases. We make every effort to give you as much notice and will work with you to book a new date.

What is a Laparoscopic Cholecystectomy?

A laparoscopic cholecystectomy is a surgery in which the gallbladder is removed by a 'keyhole' or minimally invasive approach.

Why would I need this surgery?

You will need this surgery if you have been diagnosed as having gallstones and are experiencing pain or complications from them.

What are the risks of a Laparoscopic Cholecystectomy?

All surgeries carry risks, which include: Bleeding, infection, scars, pain, wound complications, hernia development at the site, heart and lung complications.

Risks specific to laparoscopic cholecystectomy: Retained gallstone, injury to common bile duct, and post cholecystectomy syndromes (which can include chronic diarrhea and abdominal pain). Occasionally this cannot be completed laparoscopically and therefore will be converted to an open procedure.

What should I expect before my surgery?

Prior to your surgery, the pre-admission clinic at North Bay Regional Health Centre will book an appointment with you. This will either be done at the pre-admission clinic at the hospital or may be booked over the phone. During this appointment the nurse will gather health information from you and give you information about what to expect before/after surgery and answer any questions you may have. At this time, you may also have blood test, electrocardiogram, or any consultations with any other physicians as requested by your surgeon.

You may experience continuing pain from your gallbladder before surgery. Avoiding fatty foods, by following a no-fat or low-fat diet, can help your pain. If you experience severe, constant pain lasting longer than 4 hours, fevers, or jaundice (yellowing of skin) please report directly to the Emergency Department.

Your surgeon may also recommend that you stop smoking and/or lose weight. This decreases the risks of complications during surgery and can aid in a faster recovery for yourself.

DO NOT SHAVE THE AREA PRIOR TO SURGERY, this can cause a greater infection risk. Excess hair will be removed at the hospital if required.

What should I expect the day of surgery?

The pre-admission clinic should give you all the information you need for the day of surgery. Please arrive to the day surgery unit at the North Bay Regional Health Center at the time instructed. Laparoscopic cholecystectomies are done as a day surgery. This means that you will come into the hospital, have your surgery done, and then be discharged on the same day. It is important that you have someone to drive you home following surgery as you will not be allowed to drive or operate heavy machinery for a minimum of 24hrs after undergoing a general anesthetic.

What should I expect after surgery?

Incision: Laparoscopic surgery consist of several small incisions. These are almost always closed with dissolvable sutures that do not need to be removed. If dissolvable sutures are not used, your surgeon will instruct you otherwise. There also may be some steri-strips. These will naturally start to loosen and fall off between 1 and 2 weeks. They can be removed carefully after 2 weeks. Immediately after surgery there will be a dressing over these incisions. This dressing may be removed 24-48 hours after surgery. You may have some swelling and bruising at the incision sites; this is normal and may take several days to a week to improve.

Pain: There may be pain from the incisions and from the general abdominal area. Do not be alarmed if you are feeling pain from an area that does not appear to be directly under the incision. Your throat may also be sore for the first 48 hours after surgery. You may be prescribed something for pain; or alternatively you may also take Tylenol 650mg.

Diet: Immediately after surgery you may feel nauseated. Start by drinking small amounts of clear liquid. If you do not feel nauseated, you may return to a normal diet. Ensure you are drinking enough fluids to prevent any bowel problems. If you are concerned about constipation you can use a stool softener. After having your gallbladder removed you may return to a normal fat diet. Some people may find they are sensitive to fatty foods, if this is the case, decrease the amount of fat in your diet and reintroduce slowly.

Activity: Try to move and walk small amounts the day of surgery, and continue to increase your activity daily, this will ensure that your muscles remain strong, prevent blood clots, keep your bowels moving, and prevent any breathing problems. Try to limit strenuous activities (such as lifting children, groceries, laundry, moving furniture etc.) for 1-week post-surgery. You may return to driving when you are no longer on pain killers and can comfortably use the gas / break peddles and shoulder check.

Hygiene: After the bandage has been removed it is ok to shower. Do not scrub or rub the incision area and carefully pat dry after showering. The incisions do not require a dressing and can be open to the air. If you do apply a dressing over it, ensure it is clean and dry. Do not soak in the bathtub until the incisions are fully healed. Usually about 3 weeks. Do not put powder, cream, deodorants or perfumes on the incisions.

Follow-up with surgeon: You should follow-up with your surgeon 4-6 weeks after your surgery. Please call your surgeon or report to the Emergency Department if:

- Rapid increase in swelling or bruising in the first 24 hours after surgery
- Fever
- Notice pus or drainage from the incision
- Pain is not relieved with medication
- Jaundice

Returning to work: Most people return to work within 1-3 weeks following surgery, as long complications have not occurred. Speak with your surgeon to get a more accurate time-line. You do not have to be assessed by your surgeon in a follow-up appointment before returning to work.