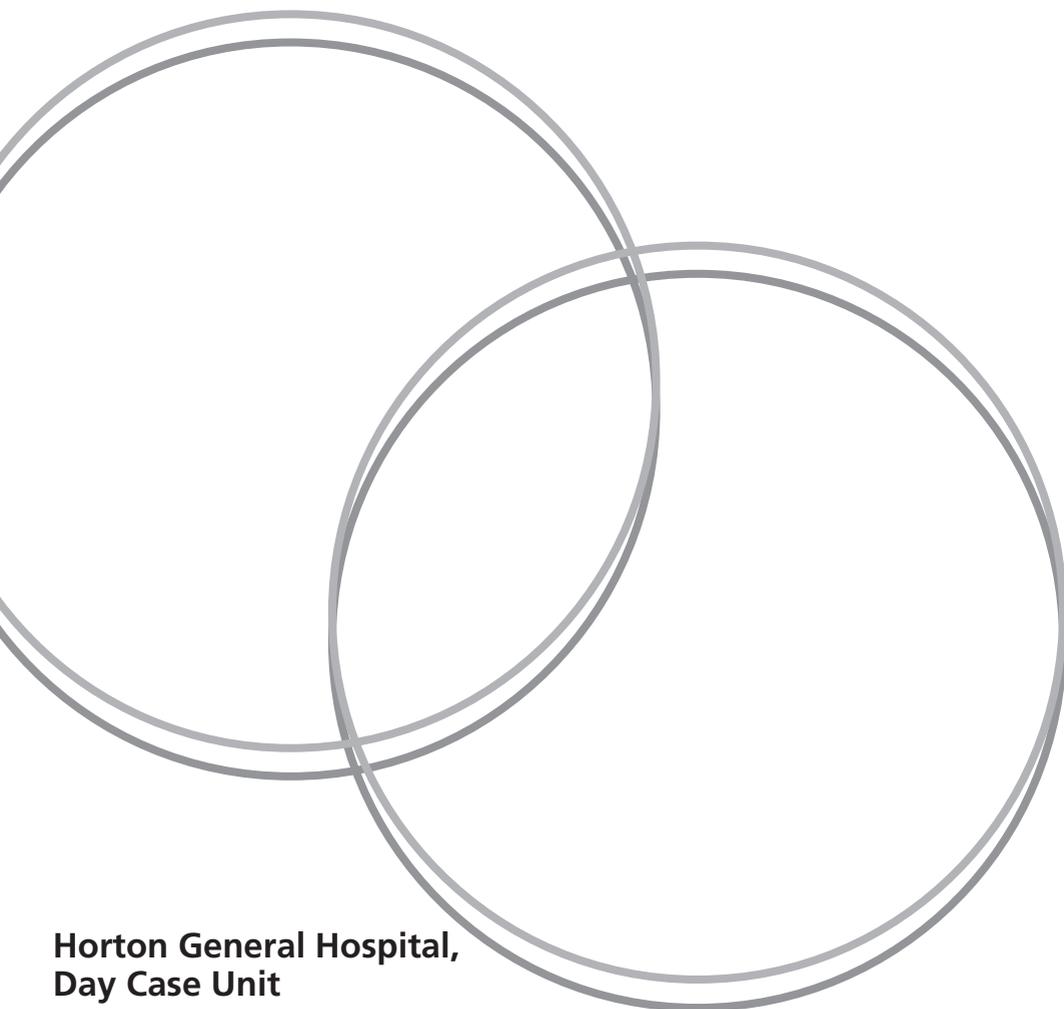




Oxford University Hospitals
NHS Foundation Trust

After a laparoscopic cholecystectomy

Information for patients



Horton General Hospital,
Day Case Unit

Today you have had a procedure called laparoscopic cholecystectomy. This means that your gall bladder has been removed using keyhole surgery.

The next 24 hours

Because you have had a general anaesthetic (been asleep for the procedure) please:

- Do not be left alone for the next 24 hours.
- Do not operate machinery or appliances – e.g. cooker, kettle etc.
- Do not lock yourself in the bathroom or toilet, or make yourself inaccessible to the person looking after you.
- Drink plenty of fluids and follow a light diet – avoiding heavy or greasy foods.
- Avoid alcohol.
- Do not make any important decisions or sign any legal or other important documents.

If you have any problems overnight or in the following 24 hours such as:

- New / fresh or increased bleeding.
- Pain that is not controlled with pain killers.
- Vomiting that prevents you from getting enough fluids.
- Any concerns passing urine.
- Abdominal swelling.

Please contact your nearest A&E department.

Alternatively you may contact:

Day Case Unit, Horton, on

Tel: **(01295) 229383 OR 229820**

If you have any of these problems after 24 hours please contact your GP. If you are unable to contact your GP please go to your nearest A&E department.

Pain relief at home – a guide to your pain killers and how to take them

It is natural to experience some tummy pain after this type of procedure. You may also experience some discomfort in your shoulder or sternum (breastbone). This is because of the gas used in your tummy during your operation. This type of pain usually disappears after a few hours.

You may have been given more than one type of painkiller to take once you are at home. This is because each type of painkiller works in a different way to help relieve your pain.

The types of pain killer are:

- Paracetamol
- An anti-inflammatory, such as Ibuprofen or Diclofenac
- A morphine based pain killer such as Codeine Phosphate or Tramadol (prescribed by a doctor).

It is safe to take the different types of painkillers together or at different times of the day. The following section will help you to choose which pain killer to take according to the severity of the pain.

Mild pain

Take your paracetamol regularly as written on the prescription label. Do not take more than 8 tablets in 24 hours.

Moderate pain

Take your paracetamol regularly and also your anti-inflammatory painkiller (Ibuprofen **OR** Diclofenac – **please take with food**) as described on the prescription label.

If you have not been prescribed an anti-inflammatory painkiller, take your morphine based painkiller as described on the prescription label and also take your paracetamol.

Severe pain

Take all of your painkillers on a regular basis as described on the prescription labels. It may be of benefit to take your paracetamol and morphine based ones together and to take the anti-inflammatory ones 2-3 hours later.

It is advisable to take only 30mg (1 tablet) of Codeine at first.

If the pain settles then there is no need to take any more. If the pain does not settle then a further 30mg (1 tablet) may be taken.

The morphine based painkillers may cause constipation. If this happens drink plenty of fluids and increase your dietary fibre.

If the problem persists please contact your GP.

Pain relief

Next due at

Paracetamol

Ibuprofen / Diclofenac (take with food)

Codeine /Tramadol

Other

How long will I need to take my pain killers?

As healing occurs you will feel less pain. Once your pain is controlled and is mild you should only take paracetamol. If your pain remains severe for more than a few days or is not relieved by your painkillers, you should contact your GP.

Never give prescribed tablets to other people as they may not be safe for them to take. Any left over painkillers should be taken to your local pharmacy for safe disposal.

Keep all medicines out of the reach of children.

Wound care

You will have 3 or 4 small incisions (cuts) which have been stitched with dissolvable stitches or surgical glue. A piece of surgical tape has also been placed over the incision – called steri-strips. On top of this will be a larger white dressing. A small amount of bleeding into this dressing is normal.

Please avoid getting the wounds wet for approximately 48 hours. After this time you may bath or shower – whichever feels more comfortable for you. Please do not use any additives such as bubble bath / oils in the water and avoid using soap in the immediate area. When you are dry please replace the white dressing – your nurse will send you home with a small supply. Please leave the steri-strips until they fall off themselves. The stitches will take a few weeks to dissolve completely.

If you notice any signs of infection – high temperature, redness / swelling, or a general feeling of being unwell, please contact your GP.

When you are at home

It is very important to get yourself up and moving post-surgery, avoiding strenuous exercise. Normal activities may be resumed in 1 to 2 weeks. Do not do any heavy lifting for 2 weeks.

Regular mobility is not only important for your recovery but vital in reducing your risk of developing a Venous Thromboembolism (VTE) post surgery. A VTE is the collective name for a Pulmonary Embolism (PE) and a Deep Vein Thrombosis (DVT).

A DVT is the name given to a blood clot which forms inside the veins in your leg or groin. The clot obstructs the flow of blood through the affected vein and can cause swelling and pain. Sometimes part of the clot breaks off and passes through your circulation and reaches your lung. This is called a Pulmonary Embolism (PE).

There are things you can do to help prevent a blood clot.

- **Keep moving around** – Reduce the time you're sitting.
- **Keep hydrated** – Drink plenty of water
- **Stay healthy** – Eat a healthy balanced diet

Typical symptoms to look out for are: leg swelling, leg tenderness, pain and redness. Other symptoms include chest pain and shortness of breath. It is important to call 111, speak to your GP or visit your nearest A&E if you have any symptoms of a VTE.

Driving

Anaesthetic drugs remain in the body for up to 48 hours and will gradually wear off over this time. After your anaesthetic, while you still have the drugs in your body, it is important that you **do not drive a car or any other vehicle for 48 hours**. After this time you need to consider whether your wounds or any pain may prevent you from driving. An indication of whether you are able to drive safely is if you are able to perform an emergency stop comfortably. We suggest that you avoid driving for at least two weeks after your laparoscopic cholecystectomy. Your individual insurance company may have set guidelines which you can follow – please telephone them for further advice.

Follow up

A follow up appointment is not usually needed. If the doctor needs to see you again you will receive an appointment letter in the post.

We routinely send all gall bladders to our pathology laboratory to be tested. In most cases the Pathologist simply confirms that the gall bladder was thickened and inflamed. If you wish, your GP could check the report for you (usually after 10-14 days).

Follow up

Not needed / needed in weeks.

Let us know your views

We would like to hear your comments or suggestions

Please contact us at: **horton.daycase@ouh.nhs.uk**

Alternatively you can write to:

Day Case Unit

Horton General Hospital
Oxford Road
Banbury
OX16 9AL

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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