



GALL BLADDER SURGERY

INTRODUCTION:

You have been scheduled to be admitted to NYU Langone Medical Center for gall bladder surgery. Please take time to read this handout which has information that should answer many of your questions. This handout discusses what you can expect during your stay in the hospital and when you go home. It describes how the members of the healthcare team - doctors, nurses, social workers, and nutritionists - will work with you, the most important team member, to ensure a smooth transition home. Please share this information with your family members and/or friends.

It is anticipated that you will be ready for discharge 1-3 days after your surgery. Many people are surprised at how quickly their activity progresses after surgery. The health care team will be helping you with any concerns you have about discharge. Included in this booklet is a list of questions to help you plan for your discharge.

ABOUT THE GALL BLADDER

The gall bladder located just under the liver, is the organ where bile is concentrated and stored. Bile is a substance produced in the liver and is needed to help break down and store fats and fat-soluble vitamins. Bile travels from the liver to the gall bladder through the cystic and hepatic ducts which join to form the common bile duct. When we eat, the gall bladder is signaled to release bile. Bile joins with juices released by the pancreas to help digestion.

Gallstones or cholelithiasis form when the gall bladder becomes slow to contract or empty. Factors that may make you more likely to develop gall stones are:

- If you are a woman over 40 who is overweight and has had many pregnancies.
- Use of birth control pills.
- Cirrhosis of the liver.
- Pancreatitis (*inflammation of the pancreas*)
- Family history of gallstones.



The gall bladder can be removed either through a procedure using a laparoscope (*a small catheter with a camera and light*) or with a procedure called an open cholecystectomy. Depending on the severity of the inflammation or scarring, your surgeon will determine the best option in your case.

In certain cases, an x-ray (*or cholangiogram*) will be obtained during surgery to look for stones in the duct leading from the liver to the intestine. If stones are present in this duct, your surgeon may perform an exploration of the duct during surgery and leave a T-tube in place afterwards. Your surgeon will discuss this option with you.

You have been scheduled to be admitted NYU Medical Center for removal of your gallbladder. This handout has been developed to answer some of the questions you may have.

PRE-ADMISSION TESTING

Several days to a week before your surgery, you will be scheduled for an appointment at Pre-Admission Testing.

At this appointment you will:

- Have an interview and an assessment with a nurse and a resident from your surgeon's service.
- Meet with an anesthesiologist who will explain the type of anesthesia you will have.
- Have blood tests, EKG and in some cases, a chest x-ray.
- Sign a consent form giving your permission for the surgery after it has been explained to you.
- Have additional tests if they are indicated.

ADDITIONAL PREPARATION

- Shower the night before surgery.
- Take your medications as recommended by your doctor the morning of surgery.



- Avoid aspirin, aspirin containing products and medications from the class known as non-steroidal anti-inflammatory agents for one week before surgery.
- Do not eat or drink anything after midnight the night before your surgery.

You only need to bring slippers and a robe to the hospital. Please do not bring any valuables to the hospital.

DAY OF SURGERY

You should report to the Admission Office at the time specified. Once the admission process is completed, you will be directed to the Same Day Admission Unit where you will stay until you go to the operating room.

- Immediately before you go to the Operating Room you will need to change into a hospital gown and remove all jewelry, dentures, etc.
- You may be given a sedative to help you relax.
- The surgery will generally take 1-3 hours (preparation and actual surgery) and 1-3 hours in the Recovery Room.
- Your visitors can wait in the waiting area in the Tisch hospital lobby. It is advisable for one contact person to let the surgeon's office know where they can be reached so they can be contacted after surgery.

Immediately after surgery you will be taken to a Recovery Room on either the 6th floor or 10th floor until the effects of the anesthesia wears off. Generally, from the Recovery Room you will be transferred to a room on one of the surgical floors. Visitors are not allowed in the Recovery Room but your family members or friends will be able to visit you soon after you are transferred to your room.



The following are general guidelines regarding what you can expect during your stay in the hospital.

DIET:

- Fluids will be given intravenously until you can eat.
- At first, you will be given liquids and advanced to solid foods as tolerated. A low fat diet will be ordered.

ACTIVITY:

- Your nurse will show you how to do coughing, deep breathing use the incentive spirometer and leg exercises. You should do these exercises every 1-2 hours while awake.
- You will be helped to get out of bed and sit in the chair. You will be encouraged to ambulate (walk).
- At first, you will walk short distances with assistance. You should gradually increase the distance and the frequency of these walks. Ask your nurse about having your family or friends help you with this.

MEDICATION:

- Pain medications will be given to keep you comfortable. Taking pain medication will help you sleep, increase your activity and do coughing, deep breathing and leg exercises. At first, it will be given by injection, then in pill form. You will be asked to rate your pain before and after taking your medication to make sure you are comfortable.
- Other prescribed medication will be given by injection until you can eat.



CARE OF YOUR INCISION:

- At first, your incision will be covered by a dressing that your surgeon will change.
- If the incision needs a dressing the nurse will change it as ordered.
- Look at your incision before you go home so that you can report any changes to your surgeon.
- Your nurse will talk with you about any special instructions regarding caring for your incision.
- If you are going home with a T-Tube in place, your nurse will show you how to care for it.

OTHER INFORMATION:

- Any drains and tubes (*such as a foley catheter to drain your bladder or a nasogastric tube to drain your stomach*) which were inserted during surgery will be removed as soon as indicated.
- Many patients are ready for discharge 1-3 days after surgery. However, this depends on your specific needs. If you have questions or concerns about your discharge plan, speak with your doctor, nurse or social worker.
- If your surgery was done by laparoscope, you will be discharged on the same day.
- Specific instructions about discharge will be given to you before you return home.

GENERAL DISCHARGE INSTRUCTIONS

The following are general guidelines. Individuals vary in their return to their usual activity. Your doctor and nurse will review information that is specific for your individual situation.



ACTIVITIES:

- Gradually increase your activities. Do not overexert yourself to the point of fatigue. If you become tired, rest more frequently.
- Stair climbing is permitted but should be limited to once or twice a day. Climb steps slowly and stop to rest every few steps.
- Do not lift anything over **5-10 pounds**.
- Driving, returning to work and resuming sexual activity should be avoided until after the first postoperative visit with the surgeon. These activities will be discussed at this time.
- Unless instructed otherwise you can shower when you go home. Tub baths are not permitted. It is advisable to have someone available the first few times you shower.
- Riding in a car is permitted but you should stop frequently so you can stretch.

INCISION CARE:

- Unless instructed otherwise when you shower, wash the incision site with soap and water and rinse thoroughly. Pat dry. Do not rub. It can be left open to the air and does not need a dressing. If clothing irritates the incision, a dry sterile pad can be placed over the incision.
- If you have a T-Tube inserted, you will be instructed how to care for it.
- Inspect the incision every day and contact the doctor if you notice increased redness, drainage, swelling or separation of the edges of the incision.

DIET:

- A low fat diet will be prescribed. Follow the instructions given to you by the nutritionist. Ask the nutritionist or your physician how long the special diet needs to be continued. Generally, this is 4-6 weeks after surgery.

MEDICATIONS:

- If you need medications, prescriptions will be given to you before you go home.
- Do not take any over-the-counter medication including laxatives unless advised to do so by your doctor.



CALL YOUR DOCTOR :

- IF YOU HAVE FEVER OVER 101 OR SHAKING CHILLS.
- IF YOU NOTICE SWELLING, BLEEDING, REDNESS OR DRAINAGE FROM THE INCISION SITE.
- IF YOU NOTICE THE EDGES OF THE INCISION ARE SEPARATING.
- IF YOU EXPERIENCE SEVERE NAUSEA, VOMITING CONSTIPATION OR DIARRHEA.
- IF YOU HAVE AN INCREASE IN PAIN.
- IF THE WHITES OF YOUR EYES OR SKIN APPEAR YELLOW (JAUNDICE).

FOLLOW-UP:

- CALL YOU SURGEON'S OFFICE FOR AN APPOINTMENT WHEN YOU GO HOME. HE/SHE WILL USUALLY WANT TO SEE YOU 7 TO 10 DAYS AFTER DISCHARGE.
- REFERRAL TO VISITING NURSE OR HOME CARE AGENCY IS USUALLY NOT NEEDED.