



SURGICAL CONSULTANTS
OF NORTHERN VIRGINIA

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Gallbladder Removal

Post-op Expectations

- Gallbladder removal is a major abdominal operation and a certain amount of postoperative pain occurs. Nausea and vomiting are not uncommon.
- Once liquids or a diet is tolerated, patients leave the hospital the same day or day following the gallbladder removal.
- Activity is dependent on how you feel. Walking is encouraged.
- Patients will probably be able to return to normal activities within a week's time, including driving, light lifting and working.
- In general, recovery should be progressive, once the patient is at home.
- Most patients can return to work within seven days following the procedure depending on the nature of your job. Patients with administrative or desk jobs usually return in a few days while those involved in manual labor or heavy lifting may require a bit more time.

NOTE: You should be seen in the office for follow-up 1-2 weeks after surgery. Please call and schedule an appointment.

Instructions:

- Apply an ice pack over incision/dressings for 30 minutes, every 1-2 hours, for the first 12-24 hours after surgery, as comfort dictates.
- Remove dressings 24 hours after surgery, if present.
- After dressing off, you may bathe, even if steri-strips present. Gently wash incisions with mild soap and water.
- Do not apply ointment/antibacterial cream to incision.
- Leave dressings off unless drainage noted coming from incision.
- Use prescribed pain medication as directed.
- Ibuprofen, Aleve, Advil as directed on the bottle. AVOID aspirin products.
- AVOID heavy lifting.
- No sports or strenuous activity for at least 6 weeks.
- No dietary restrictions, but low fat diet recommended for 1-2 weeks and try to avoid constipating foods, as not to strain.
- Stool softener (Colace, Dulcolax) recommended while using narcotic pain medications or until first bowel movement after surgery.

When to call the office:

- Persistent fever over 101 degrees F (39 C)
- Bleeding
- Increasing abdominal swelling
- Pain that is not relieved by your medications
- Persistent nausea or vomiting
- Chills
- Persistent cough or shortness of breath
- Yellowing of skin or eyes
- Purulent drainage (pus) from any incision
- Redness surrounding any of your incisions that is worsening or getting bigger
- You are unable to eat or drink liquids