



Barry S. Rosen, MD, FACS
David P. Ondrula, MD, FACS, FASCRS
Gia M. Compagnoni, MD, FACS
Hsin-Yi Chang, MD

General, Laparoscopic, Colorectal, Bariatric, and Oncologic Surgery

Phone: 847-381-8161

Fax: 847-381-8167

GUIDELINES FOR YOUR RECOVERY FROM LAPAROSCOPIC GALLBLADDER SURGERY

- 1. PAIN CONTROL:** It is not uncommon to have discomfort over the first 2-3 days after your operation. You will be prescribed a NARCOTIC pain medication to help control this pain (Vicodin, Norco, Hydrocodone, etc.). While this medication can be quite effective, it often causes unpleasant side effects including nausea, light-headedness, constipation, etc. Therefore, it is best to limit these medications to the bare minimum. As an alternative, we encourage you to use an ANTI-INFLAMMATORY (Aleve, Naprosyn, Advil, Motrin or Ibuprofen). These medications can be very effective for controlling your pain as long as you don't have any sensitivities to these medications, or any interactions between this class of medication and any of your current medications. We suggest you use this medication "around the clock" for the first 2-3 days, following the dosing guidelines listed on the over-the-counter bottle. If necessary, you may take both the NARCOTIC and the ANTI-INFLAMMATORY together.
- 2. WOUND CARE:** Your incisions are closed with absorbable suture covered with special glue that is waterproof. You may shower or take baths as soon as the first day after surgery. The glue will begin to flake off 2-3 weeks after surgery. At that point you may use a washcloth in the shower to gently remove this glue. If your incisions are closed with staples, the dressings can be removed in 2-4 days, but you may shower the next day. It is common and expected to develop bruising around your incisions. This will clear up over the first few weeks after surgery.
- 3. ACTIVITY:** You have no limit on AEROBIC activity after surgery (walking, jogging, light exercise), but it will likely take 1-2 weeks for you to feel well enough to return to pre-operative levels of activity. In general, "listen to your body"—if an activity causes pain, you are not ready to do that activity. It is generally advisable to avoid any significant lifting for the first 1-2 weeks after surgery. Most patients can drive within one week after surgery, as long as you have not used any narcotic pain medication for 48 hours.
- 4. DIET:** There are no restrictions after surgery, although some people may experience nausea from the anesthesia and/or pain medication. In general, start with a low-fat diet. While you may experience constipation for the first few days after surgery, some people then develop diarrhea. If you do develop diarrhea, avoid high-fat foods and contact our office if this persists for more than one week.
- 5. RETURN TO WORK:** Everyone's recovery and job is a little bit different—therefore, we like to tailor our recommendations around your specific situation. In general, if you have a "desk job" you may return to work in 5-10 days. If your work requires significant lifting, you may be cleared for "light-duty" in 5-10 days, but may not return to full activity for 2 weeks. We will complete all necessary paperwork for your work to justify this time off. Please contact our clinical staff to help assist with this process.
- 6. TRAVEL:** We recommend no airline travel for 2 weeks after surgery.
- 7. POST-OPERATIVE CARE:** Please contact our office to arrange for an office visit 7-10 days after surgery. Our clinical staff is available Monday-Thursday between 9am and 5pm and Fridays between 8am and 4pm to answer any questions. In the event of an emergency, our physicians are available 24/7.