

Cholecystitis/Symptomatic gallstones

This condition is diagnosed by a history of upper abdominal pain/pressure usually related to eating and associated with other symptoms of nausea, bloating, indigestion, alteration in bowel function. It is supported by diagnostic imaging of ultrasound and/or HIDA scan. There is no medical management for this diagnosis. Dysfunctional gallbladder may be monitored safely if symptoms are minimal although surgery is recommended for progressive/limiting symptoms. Gallstones can be more dangerous without surgery and can sometimes lead to emergent intervention, severe painful attacks, sepsis, biliary infections, or pancreatitis.

Surgery

Gallbladder removal scheduled through the office is a very high benefit/low risk surgery. This is usually performed as outpatient surgery through the hospital or surgery center. Hospitalization is very rarely required. The surgery is almost always completed laparoscopically with the chance of a larger incision less than 0.2%. Robotic assistance is not needed to perform this surgery and provides no advantage over traditional laparoscopic gallbladder surgery. Risks of bleeding, infection, injury to surrounding structures are also extremely unlikely. There is a very small chance of hernia formation from the incision. If you have gallstones documented, a cholangiogram or image of the bile ducts may also be done to make sure no stones have fallen into the main bile duct. In this rare instance, you would be admitted so that our gastroenterologist can remove it endoscopically, usually the proceeding day. Surgery typically takes less than 30 minutes but can be more time consuming based on patient characteristics and any severe gallbladder inflammation.

What to expect the day of surgery

You will choose your surgery date with me. The exact time of your surgery is not specifically known but we will estimate this for you. This is controlled by the hospital and is also determined by the length of preceding cases on that day or emergencies. I take as much time and attention as is needed for each patient, just as I will for your operation. Please be patient as the hospital will often ask you to arrive well before your actual surgery time. There can sometimes be extended waiting so bring a book or iPad. I will meet with you again before surgery to answer any questions that may have developed. After your surgery I will meet with, or call, your family member.

What to expect after surgery

Medication. The first 2-3 days after surgery are the toughest and it is expected that you may need pain medication. Prescriptions for pain and nausea medication may be sent into the pharmacy you requested during registration, or they may be provided to you in paper form to take with you. You may want to make sure this is a pharmacy that is open 24 hour as you may be discharged from the surgery center in the evening. Alternate Motrin/ibuprofen and Tylenol every 4-6 hours around the clock for the first 48 hours. This will help reduce narcotic use which may cause nausea and constipation. According to CDC, the likelihood of chronic opioid use increases with use after day 3 and with subsequent refills. Do not combine narcotic medication with alcohol or benzodiazepines. If you have chronic pain management by your primary care or pain clinic, you should notify them of upcoming surgery and may need to arrange post-operative pain management with them. It is normal to still be sore/uncomfortable during the next 1-2 weeks, but improvement should be noted. If you have pain management concerns, please call during office hours. Narcotic medication cannot be addressed after hours. Home medication may be resumed after surgery except for any blood thinning medication such as Coumadin, Xarelto, Pradaxa, Plavix, Brilinta, Effient, Eliquis, aspirin. I will indicate on your discharge papers when to restart this and it is typically 2 days after surgery. If there is significant bruising or you are unsure, call before restarting those medication.

Activity. It is most important to stay active after surgery. The more you walk, the quicker you will recover. Stairs are fine, but try to minimize heavy lifting, straining, bending, stooping, squatting. There is a small chance of hernia formation so be cautious and advance activity as tolerated.

Wound care. You will have glue over the small incisions and no external sutures or staples. You may shower and wash with mild anti-bacterial soap the day after surgery. Avoid submersion under water for one week. It can be normal for the area around the incisions to become red or bruised from surgical trauma. In some cases of skin sensitivity, you may also develop an itchy rash from the prep used to sterilize the skin during surgery or from the surgical glue. It is fine to use topical steroid or Benadryl creams. If this does not improve, please notify me. It is also normal to develop small "knots" or bumps underneath the incisions. This is a normal part of the healing process and will resolve with time.

Diet. There are no strict restrictions. However, I do recommend that you start out with low fat/bland diet as if you were recovering from the flu. Your diet may be advanced as you feel comfortable and as symptoms permit. There are no long-term diet restrictions.

Symptoms. It can be normal to have some GI symptoms after surgery. Your body needs a little time to adjust and reset after gallbladder removal and anesthesia. This is sometimes a quick, sometimes slow, process and is difficult to predict. It is normal if symptoms slowly improve over time. Usually, you will notice at least some improvement in 1-2 weeks, but it can be normal to notice slow improvement even up to 2 months. Alteration in bowel function can be normal after gallbladder removal, although most patients do not experience any changes. If this does occur, it usually tends to be loose/urgent bowel movements after eating and usually will improve/resolve time. Please stay well hydrated after surgery. It is quite rare to have lingering problematic issues with bowel function after gallbladder removal, but if it does, please let me know. Fatigue and decreased appetite are also normal and are usually the last to resolve.

When to call. Surgery can be stressful so please call if you just forget something, are uncomfortable or unsure. It can be normal to have low grade fevers after surgery and this is usually related to decreased activity after surgery. Please be sure to walk and practice deep breathing to keep your lungs exercised. Persistent fevers over 101 should be reported. Call for nausea that is not well controlled with medication and causing potential issues with dehydration. Pain will not be completely resolved with medication but should be tolerable enough that you can move.

Follow up. You will have a follow up appointment approximately 2 weeks after surgery. This is scheduled at the same time you schedule your surgery. If you are not sure, please call to confirm this appointment. This is usually a very quick appointment as you are usually recovered and getting back to your normal routine. I will provide you with a pathology report. Additional appointments are not usually necessary but can certainly be arranged if needed.

Return to work. Sometimes people can return to non-physically strenuous jobs after a long weekend. I do recommend if you are able, however, to take the week off. For physically strenuous jobs without light duty, you may need to be off for a full 2 weeks. You may return to driving when no longer taking pain medication, when you can look over your shoulder without discomfort, and when your reaction time is normal.