



**Dr. Andy Higgins**  
*breast & general surgeon*

SPECIAL CARE IS OUR PRACTICE.

## **POST OPERATIVE HOME CARE INSTRUCTIONS: LAPAROSCOPIC CHOLECYSTECTOMY**

**ANDREW P HIGGINS MD, FACS**

**541-749-7000**

**drandyhiggins.com**

- ❖ **Someone must drive you home and be with you for the first 24 hours after your operation.**
- ❖ Avoid driving, operating heavy machinery or making important decisions while you are using narcotic pain medication.
- ❖ Avoid alcohol while you are using pain medications.
- ❖ Place an ice pack (frozen popcorn kernels work great) over the opsite and telfa dressing for 20 minutes out of every 2 hours while awake for the first two days following surgery. This helps with pain and swelling.
- ❖ Protect your skin from frostbite with a washcloth or the bag wrap you received at the surgery center.
- ❖ Remove the opsite (clear adhesive) and telfa (non-adhesive gauze) dressing on the second post operative day.
- ❖ Your skin has been closed with absorbable suture material under the skin and steri-strips (small paper tapes) over the skin.
- ❖ You may shower on the second post operative day after the dressing is removed. You may get the incision wet (avoid submerging it), wash the area of the incision lightly. You simply blot dry the steri-strips. Please avoid rubbing them off. They come off over time. You may cover the incision with a light gauze pad after bathing to prevent irritation from clothing; however, it is good to keep incision open to air.
- ❖ Walking, carefully climbing stairs, and gentle stretching exercises are encouraged. Avoid heavy lifting (more than 10 pounds) for the first 2 weeks. Then up to 20 pounds for the following 4 weeks.
- ❖ You may resume your usual preoperative diet immediately after surgery as you feel up to it. Let hunger be your guide, not your eyes. Stay hydrated!
- ❖ Take the pain medication with something in your stomach. Even a few crackers or toast is helpful. Use the pain medication to aid in your mobility. Start to wean their use on post operative day 2, and discontinue as soon as possible.
- ❖ If you have not already done so, call **541-749-7000** to be seen for a follow-up appointment about 2 weeks after surgery.

### **ANSWERS TO COMMONLY ASKED QUESTIONS:**

- ❖ You may be experiencing neck or shoulder pain. This is typically caused by the trapped carbon dioxide used during the laparoscopy. It can also give you a bloated feel. You may apply a heating pad to your chest while lying on your side. Walking and deep breathing help more than pain medications. This discomfort will go away in a day or so.
- ❖ Minimal bleeding from the incision can occur and is best treated by gently applying pressure over the bleeding area for five minutes. If it remains uncontrolled contact your doctor.
- ❖ It is not uncommon to see the area around the incision become “black and blue”, and in men this can extend into the scrotum and penis. This will resolve over time.
- ❖ Pain medication can cause nausea and constipation; and it may help to take your medication with food.
- ❖ To avoid the constipation that pain medications may cause, start colace (100mg twice daily) the day of surgery and continue while using pain medications or when your bowel habit has returned to your normal. If you have not moved your bowels by post operative day 2, jump-start them with prune juice (warmed or chilled), Milk of Magnesia, or a suppository.
- ❖ Some swelling of the incision is a normal response to surgery.

### **CALL THE DOCTOR IF THE FOLLOWING SYMPTOMS OCCUR:**

- You are unable to urinate
- There is excessive bleeding that does not stop with pressure
- The incision becomes progressively red and tender
- You have any questions or concerns

The office phones are answered 24 hours a day and a doctor is always available. The office staff is available to schedule appointments and handle non-emergent calls from 8:00am to 5:00pm Monday through Friday. 541-749-7000.

**For after hours urgent help please call 541-385-5870.**

Pain medication refills will only be accepted during office hours.

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Andrew Higgins, MD, FACS

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