

# Cholecystectomy

## Getting Ready to Learn About an Cholecystectomy

Learning something new can be hard. It is even harder if you are not feeling well. The purpose of this education plan is for you and the staff to review this information together. Here are some good things to tell the staff:

- Who you want to learn with you. We would like to have someone who will be helping you at home learn with you.
- The best way for you to learn. Do you learn best by reading a book or pamphlet, or by doing things yourself?
- If you are not feeling well, if you are in pain or you cannot focus on learning right now.

This information is important to your health. We may be giving you information in small bits over several days. We may explain something more than once.

## What I Need to Learn About a Cholecystectomy

By the time I leave the hospital I will be able to tell the staff how:

1. I will be active.
2. I will care for my incision(s).
3. I will eat in order to heal.
4. I will manage my pain.
5. I will contact the doctor's office with questions and/or problems.

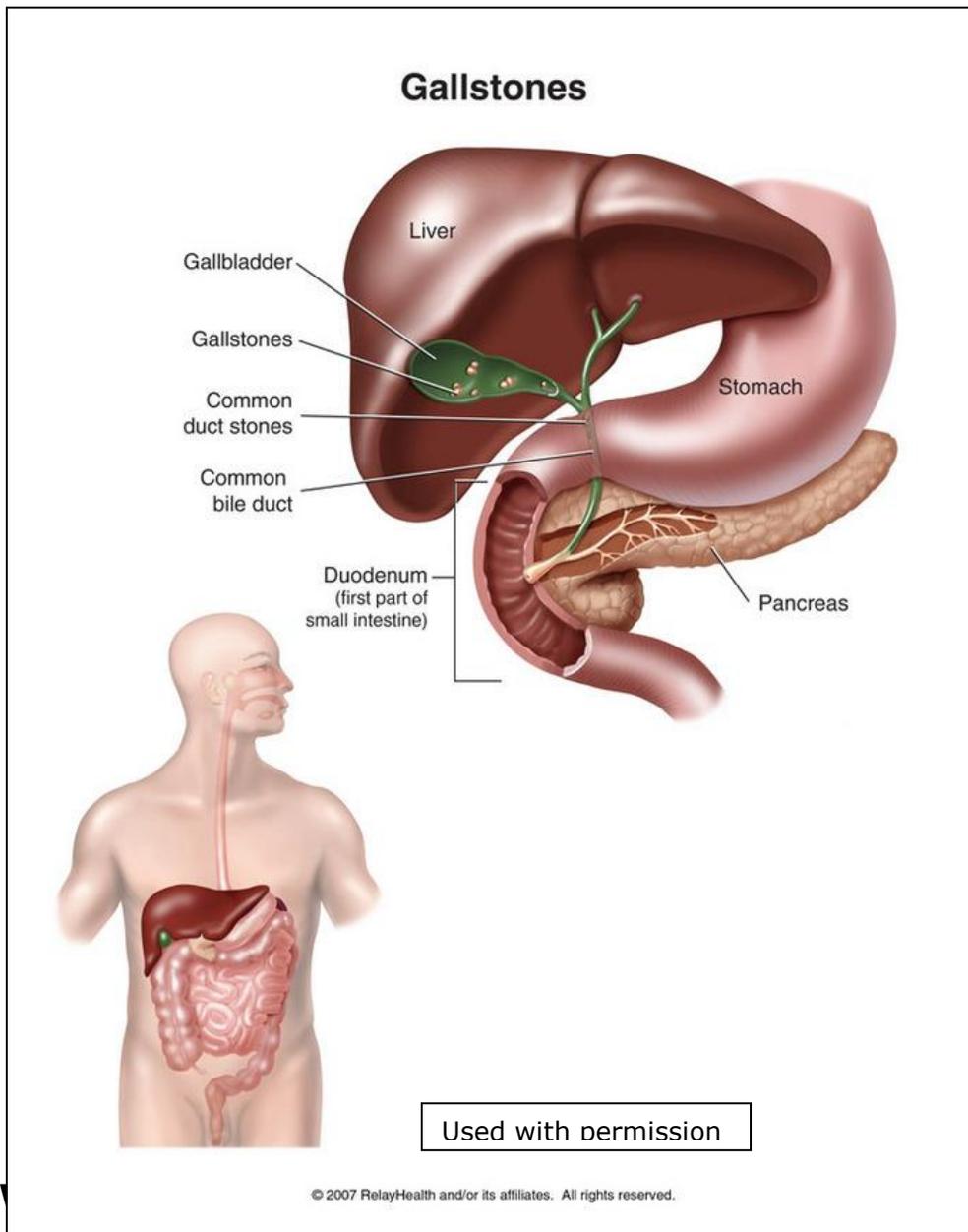
## The staff will use three questions to teach me about a Cholecystectomy:

1. What is my main problem?
2. What do I need to do?
3. Why is this important to me?

The staff will ask me to repeat back important points in my own words, or ask me to show what I have learned. They want to make sure that I know about my disease and how to take care of myself.

## What is my main problem?

A cholecystectomy is surgery to remove the gallbladder. The gallbladder is a small pouch attached to the under side of the liver. The gallbladder stores bile made by the liver. Bile is needed to break down the fats that we eat. When I no longer have my gallbladder, my liver will adjust the amount of bile it makes. This will happen within 6-8 weeks. I have either a 6-8 inch incision on my right side or 4 very small incisions on my belly. I am at risk for problems because I have had surgery.



I will be able to tell the staff how I will be active after surgery.

- I will move around every 2 hours while I am awake.
- I will slowly increase my walking. My doctor will decide how much I should walk.
- I will not drive until my doctor says I can.
- I will follow my doctor's instructions on how much I can lift. My doctor will tell me when I can lift more.

I will be able to tell the staff how I will care for my incision after surgery.

- I will wash my hands before touching my incision or bandage.
- I will keep the incision clean and dry. I will not take a bath until my doctor says it is okay.
- I will change the dressing as ordered by my doctor.
- I will not use ointments, lotions or creams on or around my incision.
- I will shower when it is okay with my doctor.
- I will not sleep with my pets. I will keep them away from my incision and my bandage.
- I will look for signs of infection.
  1. Increased tenderness or pain around the incision
  2. Increased swelling around incision
  3. New or more drainage from the incision
  4. Fever (temperature greater than 101.5° F.)
  5. Increased redness around the incision

I will be able to tell the staff what I will eat to help me to heal from the surgery.

- Eat at least 2 servings of food rich in protein each day. Foods rich in protein include meats, chicken, turkey, fish, eggs, beans, peas, and peanut butter.
- Eat 3 servings of dairy foods rich in protein. Dairy foods that are rich in protein include yogurt, cheese and milk.
- Eat 5 servings per day of fruits or vegetables. These foods are rich in vitamins that will help my incision heal.
- My doctor may give me other dietary instructions to follow.

After surgery, I may have diarrhea or constipation. To help keep my bowels working normally while I recover from surgery, I can:

- Eat whole grain breads and cereals. Eat brown or wild rice instead of white rice.
- Add beans, peas, or lentils to soups and casseroles.
- Eat fresh fruits and vegetables.
- Drink plenty of fluids. Drink of 6 to 8 cups per day.
- Anticipate constipation for the first 2-3 days after surgery.
- Diarrhea may follow for 6-8 weeks after surgery.

I will be able to tell the staff how I will manage the pain from my surgery.

- Take pills for pain as ordered by my doctor
- I will not wait until the pain is too bad before taking my pills. The medicine works best if I take it before the pain is too bad.
- Call my doctor if I think my pills are not helping or if I feel I am having side effects.
- Check with my doctor or pharmacist if I have questions about my medicine.

Precautions with pain medications

- I will take my pain medication with crackers or other food. This may keep me from having an upset stomach which may cause nausea and vomiting.
- I will not drive if I'm taking pain pills that make me drowsy.
- I will let my doctor know if I am taking aspirin or another blood thinner medicine.
- I will let my doctor know if I have bruising or a lot of bleeding.

I will be able to tell the staff that I will call my doctor if I have:

- Fever greater than 101.5° F
- Increased tenderness or pain around incision site
- Increased swelling or redness around incision site
- Drainage from incision site
- Nausea or vomiting
- Chest pain
- Shortness of breath

- Abdominal pain or swelling that gets worse

**Why is this important to me?**

Following these directions will help me heal and keep me safe after surgery.

As part of my care I have received this education plan.

## Cholecystectomy Education Plan

### Resources for Staff

- [Open Cholecystectomy](#)- Nursing Reference Center Plus
- [Laparoscopic Cholecystectomy](#)- Nursing Reference Center Plus
- [How to Eat after Surgery](#)- Nursing Reference Center Plus

### Teaching Tools (Items given to the patient)

- Cholecystectomy Education Plan

### References:

- [Open Cholecystectomy](#)- Nursing Reference Center Plus
- [Laparoscopic Cholecystectomy](#)- Nursing Reference Center Plus
- [How to Eat after Surgery](#)- Nursing Reference Center Plus

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Always close each teaching session with the question, “What questions do you have for me?”

**\*This page is intended for staff use only. Do not give to the patient. This document is not a part of the permanent medical record.**