

## POSTOPERATIVE HEALING OF CHOLECYSTECTOMY

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## ABSTRACT

A cholecystectomy is a surgical procedure to remove gall bladder, an organ that is present below the liver which collects and stores the bile. A cholecystectomy is necessary when a patient feels pain in abdomen caused by gallstones that block the flow of bile. Cholecystectomy can be done either by open method or by laproscopic method. Postoperative recovery depends on the type of surgical procedure you have been underwent. The study focuses on the recovery of patient after cholecystectomy. Better wound care and healthy diet helps in good health recovery.

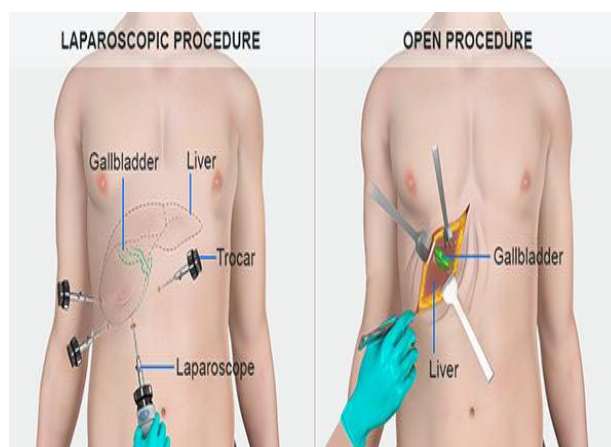
**KEYWORDS:** Laparoscopy, Cholecystectomy, Postoperative Recovery.

## Cholecystectomy

A gall bladder is an organ present below the liver on the upper right quadrant of the abdomen, which collects and stores the bile. A cholecystitis is an inflammation of the gallbladder, caused by the gallstones blocking the bile duct. This results in build up of bile that can cause inflammation. A cholecystectomy is a process of removal of gall bladder. This can be done by 2 surgical methods-open (traditional) method and laproscopic method.<sup>[1,2]</sup>

**Open (traditional) method:** During this method, the surgeon makes about 4-6 inches long incision on the upper right quadrant of the abdomen. The surgeon takes out the gall bladder through the incision and the incision is then sutured. This method takes one or two hours.<sup>[2,10]</sup>

**Laproscopic method:** During this method, the surgeon makes 3-4 small incisions in the abdomen, into which a tube with a tiny camera and surgical tools (laproscope) is inserted into the abdomen through the incisions. The surgical procedure is carried out by watching a video monitor and operating a surgical tool to remove the gall bladder. Then the incisions are sutured. a laproscopic method is less invasive with less bleeding and the recovery time is also shorter than an open method.<sup>[1,2]</sup>



## Post Operative Complications

- Bleeding
- Complications from general anesthesia
- Injury to other abdominal organs
- Leakage of bile from the bile ducts into the abdomen
- Wound infection
- Blood clot
- Heart disease
- Infections
- Pancreatitis.<sup>[1,4]</sup>
- Numb feeling at the site of incision

## Possible Side Effects

- Swollen, bruised and painful wounds
- Abdominal pain
- Bloating, flatulence, diarrhoea
- Fatigue and irritability.<sup>[3]</sup>

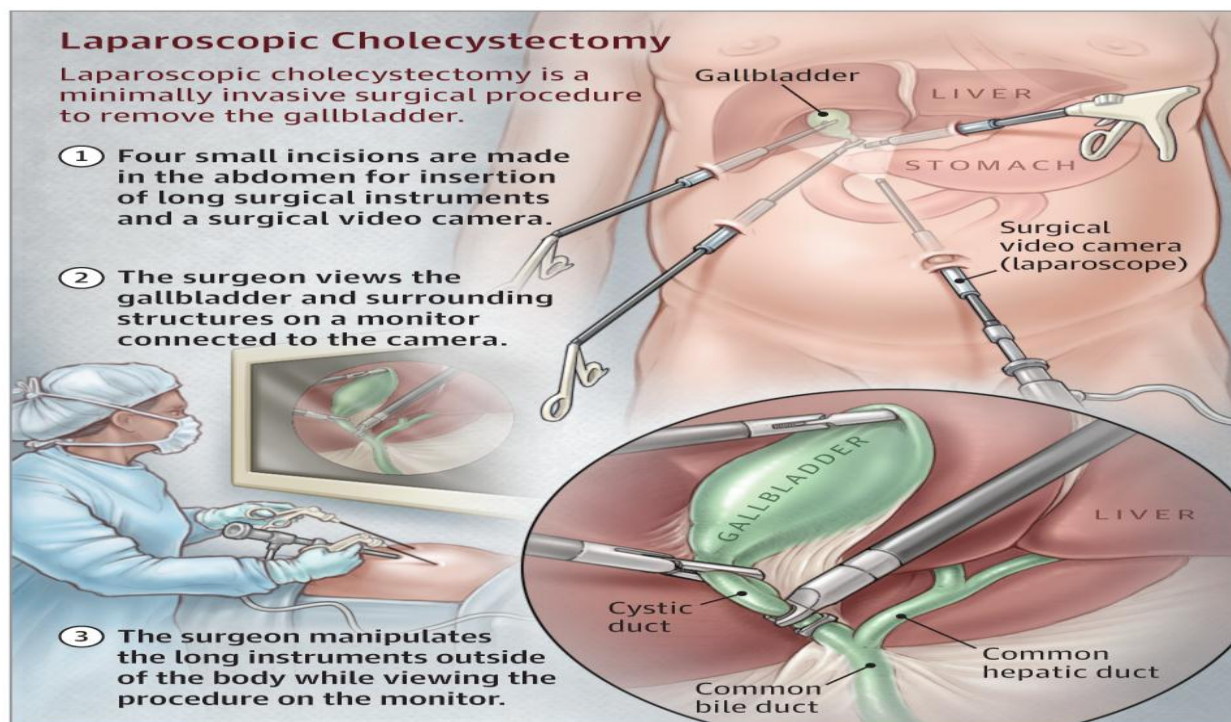
## Post Operative Care

### Open (traditional) surgery

Recovery is not as rapid as laproscopic method. Pain is felt at the incision site so, patients are given with narcotic pain relievers for first one or two days. The patient can have his meal next day morning, till then intravenous is left in. It is necessary for the patients to get up and walk as soon as possible to avoid any complications such as blood clot. The hospital stay is generally 3 to 7 days and takes about 3 weeks for complete recovery. Abdominal scar fades over time.<sup>[1,4,8]</sup>

### Laproscopic surgery

Recovery is quicker than the open procedure. Once the vital signs stabilize and the anesthesia wears off, water and other clear liquids are offered. Once liquids are tolerated, patients are given with light meal. Pain can be controlled by over the counter pain relievers. The adhesive bandages covering the incisions can be removed after 5 days. The incision site must be kept dry until the wound heals. Normal daily activities can be performed after 24 hours. Heavy lifting, strenuous exercises and exertions must be avoided.<sup>[4,8,11]</sup>



### Medications

- Patient will be given prescription for pain medications which are narcotics. The mostly prescribed narcotics are Percocet, oxycodone, tylenol with codeine, and other generic medicines. It is necessary to use those medicines as prescribed.<sup>[8,10]</sup>
- Pain medications may cause nausea with an empty stomach, so they are suggested to take with food. These narcotics can also cause drowsiness nor sleepiness, so avoid driving vehicles and avoid drinking alcohol.
- Patient can be given 2 tablespoons of milk of magnesia 3 times per day if he feels constipated and had no bowel movement by the 4<sup>th</sup> day after surgery.
- If prescribed with antibiotics, take them as prescribed by the doctor.<sup>[8,12]</sup>

### Diet

Start with a bland, non-greasy, non-spicy food, in small portions which is easy to digest for 2-3 days. Avoid fatty foods which can cause nausea and vomitings. Drink plenty of fluids to keep you body hydrated.

### Wound Care

- Incisions will be closed with dissolvable sutures and a special glue over the incisions.
- Keep the dressings clean and dry for first 48 hours and do not shower.
- After 48hrs patient can remove the outer bandages over the incision and can take a shower, wash the wound gently with soap and water and dry it.
- No dressing is needed after 48 hrs.
- Do not expose your wounds to soaking in tub or pools for 6 weeks after surgery.
- Do not put any ointment or cream over the incision for 6 weeks, or while the incision is open, draining or scabbed.
- You can use ice packs on the incision for pain relief.
- Smoking must be avoided for overall health and recovery of the wound.<sup>[8,12,10]</sup>

### Activity

Patient can resume normal activities as they feel comfortable. Walking improves circulation and prevents complications after surgery. Practice 10 deep breathes every hour and 2 coughs every hour. Do not lift heavy

objects for first 4 weeks. Also avoid pushing, pulling or abdominal pressure. No driving for 24hrs after surgery and while taking narcotics.<sup>[10,12]</sup>

#### Follow up

Patient must follow up in the clinic 1week after the surgery and 3 months after the surgery.<sup>[8]</sup>

#### CONCLUSION

Wounds and symptoms are common after uncomplicated laproscopic cholecystectomy, so patients must be counselled. Routine outpatient follow up is not necessary, but patient must follow up after 1 week and after 3 months post surgery.<sup>[1,8,10]</sup>

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