Cholecystectomy

**Definition:** The most common cause of gallbladder removal is stone formation in it.

**Gallstones are more common in following people:**

Women - people over 40, obese, multi-parity, diabetes, taking oral contraceptives

**Symptoms of Gallstones:** Pain and stiffness in the upper abdomen (shooting at the back or shoulders) and worsening pain after eating heavy food, nausea and vomiting, jaundice) are seen in a small number of patients due to obstruction of the bile duct by stones and accumulation of bile.

A surgery to remove the gallbladder is called a cholecystectomy, which is done in two closed methods (laparoscopy) and traditional (surgical incision on the upper abdomen).

**Postoperative care:**

- Check the patient's vital signs (pulse, blood pressure, respiration, temperature) postoperatively
- The patient should be placed in low fowler position after full consciousness (top of the bed should be in 30 degree)
- In non-laparoscopic surgery, the pain is reduced by immobilizing the patient and shallow breathing (moving and rotating the patient intensifies the pain).
- Pain or discomfort in the right shoulder after laparoscopic surgery is due to the injection of gas to inflate the abdomen, it improves with walking.
- Using a pillow or bandage on the surgical incision reduces pain when spinning, coughing, and deep breathing.
- Tube.NG may be implanted in the patient to reduce abdominal distension in non-laparoscopic surgery.

Examine the patient for signs of dehydration, such as mucosal dryness, decreased skin turgor, and decreased urinary output.

- Check O&I every 8 hours with a graduated container or Foley catheter (color and consistency of urine, feces, and stomach contents).
- Oral hygiene is essential if you are an NPO.
- According to the doctor, if nausea is reduced, the NGT will be removed and when the absorption and excretion are balanced, the urinary catheter will be removed.

In laparoscopic surgery, if there is no nausea and vomiting after 6 hours of surgery and with the doctor's instructions, filtered fluids can be used to start the diet and the diet becomes the preoperative diet gradually.

Patients who have had non-laparoscopic surgery can start fluids within 40 hours after surgery. After fluids, a soft and low-fat diet rich in protein and carbohydrates begins for the patient.

**Surgical complications:** **Bleeding and gastrointestinal symptoms, infection and fever**
- In traditional surgery, the surgical incision should be examined for bleeding. Be sure to tell your doctor if you bleed from a wound or if you have an allergy or stiffness in your abdomen.
- Gastrointestinal symptoms are not common but may be due to intestinal manipulation during surgery. After laparoscopic surgery, the patient is examined for anorexia, fever, vomiting, pain, and abdominal distension. These symptoms indicate an infection or rupture of the gastrointestinal tract and should be reported to the physician as soon as possible.
- Pay attention to the symptoms of wound infection (redness, tenderness, warmth and secretion from the wound and fever)
- Loose stools 1-3 times a day is possible. The frequency of defecation decreases after a few weeks.
- In laparoscopic surgery, the patient can take a shower after 1-2 days.
- Do not lift heavy objects over 4.5 kb up to 1 week.
- Laparoscopic surgery does not need dressing at home.

If you have any questions or ambiguities, call the following number:

023-33437824, Surgery ward of Kosar Hospital