



DISCHARGE INSTRUCTIONS FOR LAPAROSCOPIC CHOLECYSTECTOMY

Following laparoscopic cholecystectomy there are a few things that will aid in your recovery. They are simple to do and very important.

1. Activity as tolerated. No lifting over 10 pounds for up to six weeks.
2. You need to walk at least four to six times a day. Walking circulates the blood from heart to your toes. It also helps prevent blood clots in your legs and help with post operative nausea. This will also assist in expelling surgical gas used during your operation.
3. 24 hours after surgery, you may remove the outer dressing and shower. Leave the steri-strips or little tapes in place until you are seen in the office.
4. Take your pain pills as prescribed, but remember, narcotics can make you sleepy, nauseated, or constipated so take them with plenty of food and water. No alcoholic beverages while taking pain medication. It is a good idea to take a stool softener everyday while taking your pain medication.
5. Diet as tolerated. It is good to start off with clear liquids (such as jell-o, broth, juice) and advance as tolerated. No spicy or greasy foods recommended the day of surgery.
6. May resume home medications as directed by your physician.
7. Do not drive or return to work until your first office visit and your doctor gives you the release to do so. If you are a student, no physical activity until your physician gives you the ok.
8. You have a follow up appointment scheduled with Dr. _____ on _____
9. **CALL YOUR PHYSICIAN'S OFFICE AT 232-0444 IF YOU HAVE ANY OF THE FOLLOWING:**
 1. Pain not controlled with pain medication
 2. Fever of 101 for 2 consecutive days
 3. Nausea that does not subside after 24 hours after surgery
 4. Redness or drainage from incision sites
 5. Any questions or concerns.

WE STRONGLY SUGGEST A RESPONSIBLE ADULT REMAIN WITH YOU AT HOME TODAY AND TONIGHT FOR YOUR PROTECTION AND SAFETY. IF YOU HAVE ANY QUESTIONS, OR IF A PROBLEM DEVELOPS, PLEASE CALL YOUR PHYSICIAN IMMEDIATELY. IF YOU ARE UNABLE TO CONTACT YOUR PHYSICIAN AND YOU FEEL THIS IS AN URGENT SITUATION REQUIRING A PHYSICIAN'S ATTENTION, GO TO THE EMERGENCY ROOM CLOSEST TO YOU.

DESIGNATED CAREGIVER CONSENT

I WILL BE THE DESIGNATED DRIVER OF THIS PATIENT AFTER DISCHARGE FROM TALLGRASS SURGERY CENTER. I AM FULLY AWARE THIS PATIENT NEEDS CAREGIVING ATTENTION FOR THE FIRST 24 HOURS.

X _____
PATIENT/PATIENT FAMILY MEMBER

X _____
REGISTERED NURSE