

This sheet provides general guidance for your recovery after laparoscopic gallbladder removal (cholecystectomy). Most patients go home the following day after surgery. Always follow any specific instructions given to you by your surgeon. **Every patient recovers at a different pace.**

Pain Management

- Pain and discomfort around the port sites is **normal** for the first few days and will gradually settle.
- Take **paracetamol** (1 g every 6 hours) as first-line pain relief. You may also use either **ibuprofen** (400 mg every 8 hours with food) **OR celecoxib** (200mg every 12 hours) unless advised otherwise.
- Use provided strong pain relief (opioid) medication only if paracetamol & ibuprofen are not sufficient. **Avoid driving** while taking opioid medications.
- **Shoulder tip pain** is common after laparoscopic surgery. It is caused by residual gas used during the procedure and usually resolves within 24–48 hours. Walking and gentle movement can help.

Wound Care

- Keep wound dressings **clean and dry** for the first 24 hours.
- You may **shower** after 24 hours. Running water only (no direct water pressure on wound). Gently pat incisions dry. Do not rub.
- Wound/skin dressing applied is called “Duoderm”, allow this waterproof dressing to fall off on it’s own (usually 7–10 days). Do not peel them off early.
- **No baths, swimming pools, or spas** for at least 3 weeks or until cleared by your surgeon.
- A small amount of bruising or slight oozing from the port sites is normal in the first few days.

Activity and Recovery

- **Walking is encouraged** from the day of surgery. It promotes circulation and helps prevent blood clots.
- Let pain be your guide. If an activity causes significant discomfort, ease off.
- Avoid **heavy lifting** (over 10 kg) and strenuous exercise for **4-6 weeks**, or as advised otherwise.
- Return to driving when you can perform an **emergency stop comfortably** and are off opioid medications (usually 3–7 days).
- Most patients return to desk work within **1–2 weeks** and physical work within **4-6 weeks**.

What to Expect

- Mild **abdominal bloating** and discomfort are common for the first few days due to residual gas.
- Some patients experience **loose stools or diarrhoea** in the weeks after surgery as the body adjusts to the absence of the gallbladder. This usually improves over time.
- You may feel **nauseous** for the first 24–48 hours, often related to the anaesthetic. This will pass.
- Mild **fatigue** and reduced energy for 1–2 weeks is normal. Rest when needed.

Diet

- Start with **light, bland meals** (clear fluids, toast, soup) and progress as tolerated.
- Follow a **low-fat diet** for the first 2–4 weeks while your body adjusts. Avoid fried or very rich foods.
- Eat **smaller, more frequent meals** (4–6 per day) rather than large portions to aid digestion.
- Gradually reintroduce **fibre-rich foods** over several weeks. Too much fibre too soon can cause bloating and cramping.
- Stay well **hydrated** — aim for at least 6–8 glasses of water daily.
- Most patients can return to a **normal diet within 4 weeks**.

Follow-Up

- Attend your **post-operative appointment** as scheduled (usually 3–4 weeks after surgery).
- Allow the waterproof wound dressing to fall off on it’s own (usually 7–10 days). Do not peel them off early.
- Contact the rooms **(08 6163 2800)** if you have questions or concerns before your scheduled visit.
- Alternatively, available Email contacts:
- 1) **welcome@thesurgeonscollective.com.au**
- 2) **reception@dradamphilipoff.com.au**
- Contact the rooms if you have questions or concerns before your scheduled visit.

Seek urgent medical attention if you experience: fever above 38.5°C | increasing redness, swelling, or discharge from the wound | severe or worsening abdominal pain | persistent nausea or vomiting | yellowing of the skin or eyes (jaundice) | dark urine or pale stools | leg pain or swelling