

Centre intégré de santé et de services sociaux de Laval

# PREPARATION GUIDE FOR A SURGERY

**BRING THIS GUIDE  
WITH YOU THE DAY  
OF YOUR SURGERY**



## Cholecystectomy

**This guide will help you understand and get ready for your surgery.  
Read it over with your family.**

Québec 

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## **ANATOMY**

### **ANATOMY OF THE GALLBLADDER AND GALLSTONES**

The liver is located below the rib cage in the upper right part of the abdomen.

The gallbladder is a small pear-shaped reservoir that is 8 to 10 cm long by 3 to 4 cm wide that stores bile produced by the liver cells. When you eat, the gallbladder contracts to release bile into the duodenum (intestine) through the bile duct.

Bile plays a role in the absorption of fats in the intestine. If you don't have a gallbladder, the liver will continue to produce bile, which will be discharged directly into the intestine through the hepatic duct.

Sometimes small stones can form in the gallbladder from the hardened deposits of bile. These stones vary in size, shape, consistency and number.

Bile that collects in the gallbladder before being released into the duodenum (intestine) is much more concentrated than the substance produced in the liver. This is why stones are more likely to develop in the gallbladder. This is a fairly common health problem, especially among women and older people.

After a meal, the gallbladder contracts to release bile into the duodenum so that you can properly digest your food. A meal that is high in fat can cause a gallbladder attack, which feels like cramps. Stones blocking the opening of the gallbladder prevent bile from flowing into the duodenum (part of the intestine). When the bile doesn't flow properly, the gallbladder expands and causes pain. This pain can occur a few minutes after a meal and can last from 30 minutes to 6 hours. The pain usually appears on the right side of your upper abdomen. You may experience nausea, and your abdomen will become stiff. The pain will gradually subside and disappear completely as the bile slowly flows through the available opening.

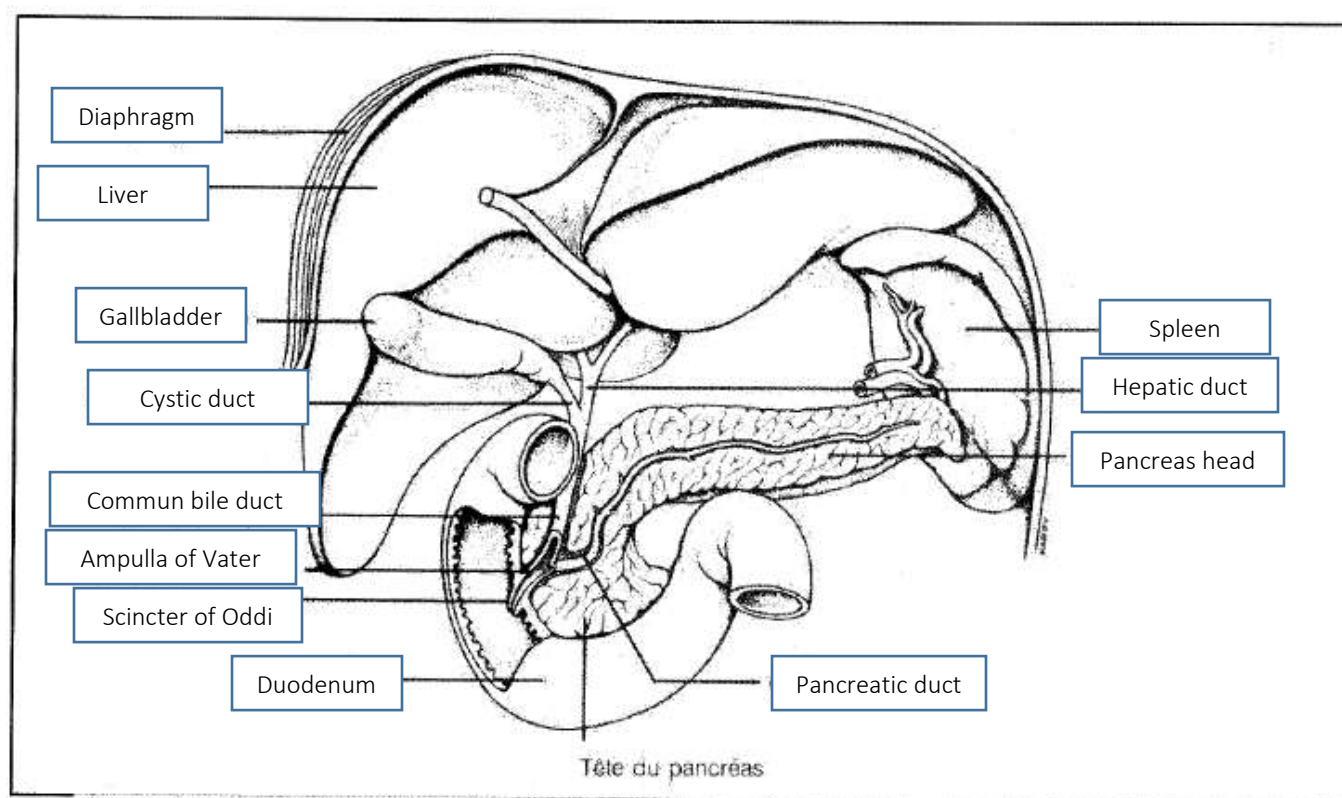
Another attack may happen after the next meal or may not occur again for weeks to months.

## POSSIBLE COMPLICATIONS OF GALL STONES

### Cholecystitis

Cholecystitis is the inflammation of the gallbladder. This occurs when a stone becomes lodged in the opening of the gallbladder. At this point, the pain will persist and not subside with time, since there is no space for the bile to flow properly.

Consult your doctor immediately if the pain persists for over 6 hours, as cholecystitis risks developing into an infection. This will cause a fever along with pain that is usually more severe and constant.



(Source: E. E. Chaffee et E. M. Greisheimer, *Basic Physiology and Anatomy*, 4<sup>e</sup> éd., Philadelphia, J. B. Lippincott)

## **WHAT IS A CHOLECYSTECTOMY?**

This procedure consists of removing the gallbladder and gall stones with a laparoscopic technique.

Laparoscopy is a surgical procedure that allows doctors to see inside the abdomen using a laparoscope.

A laparoscope is an instrument the size of a pencil that is inserted through an incision made under your navel. The device has a small camera with lamps and a powerful light that magnifies an image of the internal organs onto a screen.

To perform this procedure, the surgeon will make four small incisions of 1 to 2 cm. Your abdomen will be filled with carbon dioxide to help the surgeon manoeuvre and get a better view of the gallbladder and your other internal organs. The gas is then removed after your surgery.

**NOTE: In some cases, your surgeon may have to switch from a laparoscopic procedure to a conventional cholecystectomy (with an incision). This occurs only rarely and in fewer than 1% of non-emergency surgeries and 5% of emergency surgeries.**

A gallbladder polyp larger than 1 cm or a polyp that has increased in size is also a reason to remove the gallbladder (prophylactic cholecystectomy).

Gallbladder dyskinesia refers to poor contractions of the gallbladder that causes biliary colic (intense pain). The gallbladder is removed in the most severe cases.

After the procedure, bile continues to be produced by the liver and discharged into the duodenum. It will therefore continue to help break down dietary fat.

Gallstones do not go away on their own. Symptoms will return if the gallbladder is not removed.

## **AFTER YOUR VISIT TO THE PREADMISSION CLINIC**

### **Admission date and time**

You will receive a call from the hospital's pre-admission department.

The secretary will inform you of the date of your surgery.



Surgery date : \_\_\_\_\_

Arrival time : \_\_\_\_\_

You will be informed of the time of your arrival at the hospital by phone 24 to 48 hours before the surgery.

## **SYMPTOMS TO MONITOR**

If you have any of these symptoms or conditions one week before the date of your surgery:

- ☐ You have a sore throat, a cold or the flu.
- ☐ You have a fever.
- ☐ You are taking antibiotics.
- ☐ You have a contagious disease (e.g., chicken pox), or you have recently been exposed to someone with a contagious disease.
- ☐ You have a possible or unconfirmed pregnancy.
- ☐ Redness, inflammation, discharge, wound or any other problem at the operating site.

**CALL IMMEDIATELY to inform  
450 975-5409  
The administrative officer**



## **WHEN TO STOP OR CONTINUE YOUR MEDICATION**

**At your appointment** with your surgeon or preadmission nurse, you will be informed whether you need to stop or continue your medication before your surgery.



☐ **Aspirin®**, ☐ **Asaphen®**, ☐ **Rivasa®**, ☐ **Entrophen®**, ☐ **Novasen®**, ☐ **Persantine®**,  
☐ **MSD AAS**, ☐ **Aggrenox® (dipyridamole/ASA)**, etc.

- ☐ Stop \_\_\_\_ days before your surgery.
- ☐ Do not stop this medication.

☐ **Plavix® (clopidogrel)**

- ☐ Stop \_\_\_\_ days before your surgery.
- ☐ Do not stop this medication.

☐ **Effient® (prasugrel)**, ☐ **Ticlid® (ticlopidine)**,  
☐ **Brilinta® (ticagrelor)**

- ☐ Stop \_\_\_\_ days before your surgery.
- ☐ Do not stop.

*You can keep taking drugs  
such as Tylenol®, Tylenol®  
Extra-Strength,  
acetaminophen and  
Tempra® until midnight the  
night before your surgery.*

**Anti-inflammatory drugs** (e.g., ibuprofen such as Advil®, Motrin® (including for children), Celebrex®, Maxidol®, Aleve®, Naprosyn®, etc.)

Stop 2 days before your surgery.

**All natural products** (glucosamine, omega 3, vitamin E, etc.).

Stop 7 days before your surgery.

**If you are taking Coumadin®, Sintrom®, Pradaxa®, Xarelto®, Eliquis®, Lixiana® :**

A hospital pharmacist will call you approximately 1 to 3 weeks before your surgery and may ask you to have a blood sample taken.

When the pharmacy department has received your results, you will be called again about when to stop taking this medication.



**You must follow this instruction.**



## **BEFORE YOUR VISIT TO THE PREADMISSION CLINIC**

Your record will be transferred to the hospital's Preadmission Clinic. Someone will call you with the date and time of your Preadmission Clinic appointment.

Date and time of your appointment: \_\_\_\_\_

### **During your Preadmission Clinic visit**

#### **You will:**

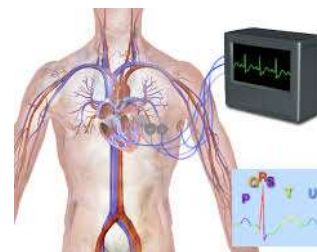
Meet with a nurse, who will explain how to prepare for surgery and what to expect during your hospital stay.

Have an ECG (electrocardiogram) if the nurse determines that you need one.

Have blood taken, if required. You will be sent to the hospital's test centre.

The nurse will tell you if you need more tests or have to meet with other doctors or professionals.

When you get to the operating room, the anesthetist will talk to you about the best anesthesia and pain relief options for you.



## **CONSENT TO SURGERY AND ANESTHESIA**

At your preadmission meeting, the nurse will ask you to sign the consent to surgery and anesthesia.



This consent means that the surgeon clearly explained why you need this operation, what the procedure entails, the potential risks, and the desired results of the operation.

If you did not get the proper information, you must contact your surgeon. The preadmission clinic nurse can help you. You will need to sign the consent form the morning of your surgery.

**For further information about anesthesia, please read the guide on anesthesia and pain relief Information guide which the nurse will provide when attending your preadmission meeting.**

## **TOBACCO**

Quitting smoking or reducing the amount you smoke will decrease your risk of respiratory problems after your surgery, aid in the healing of your surgical wound, and help you better manage pain.



If you need help to quit smoking, don't hesitate to contact:

- Your CLSC at **450 978-8300, extension 3169** (for Laval residents).
- Your pharmacist or family doctor.
- The Quit Smoking Centre nearest you at **1-866-JARRETE (527-7383)**.
- Website: **[tobaccofreequebec.ca/iqitnow/](http://tobaccofreequebec.ca/iqitnow/)**.

## **ALCOHOL**

Avoid drinking alcohol **7 days before your surgery**. Alcohol can interact with some medications and increase the risk of bleeding and complications.

**To get help to stop right now**, contact the regional hotline (for Laval residents):

Alcochoix+Laval at 450 622-5110, ext. 64005.



<https://www.quebec.ca/en/health/advice-and-prevention/alcohol-drugs-gambling/alcochoix-plus/>

## **DISCHARGE PLANNING**

Before your operation, it is important that you prepare in advance for your return home.



- Ask another adult to come pick you up at the hospital. You must organize a ride home in advance. This person must be available to pick you up once your discharge is signed.
- Prepare meals in advance for the days after your operation.
- Get help for errands, housework and appointments.
- If you live by yourself and your operation reduces your mobility, you need to think about having another adult stay with you during your recovery.

## **EXERCISES**

Exercising helps ensure that your body is in the best possible condition for your surgery. If you already exercise, keep up your good habits. If not, slowly start adding exercise to your daily routine.

Exercise doesn't have to be strenuous to be effective. In fact, a 15-minute walk is much better than doing nothing at all.

You can also start practicing the exercises you will need to do after surgery (p.21 and 23).

## **THE NIGHT BEFORE YOUR SURGERY**

### **Preoperative diet**

#### **The night before your surgery:**

You can eat normally up to the night before your surgery.



#### **Day of your surgery**

➔ **For all users** – Starting from midnight the night before your surgery:

- Do not eat solid food.
- Do not consume dairy products.
- Do not consume alcohol and do not smoke.
- For the consuming of clear liquids, refer to the tables on the following page.



## **THE DAY OF YOUR SURGERY**

Your nurse has given you specific instructions:

- **You MUST remain fasting** (nothing to eat or drink from midnight the night before your surgery). Do not chew gum or eat candy.



You can brush your teeth but avoid swallowing the water.

OR

- **You MUST drink clear fluids** before the surgery.

- Allowed clear fluids include:
- Water
- Juice without pulp (no pulp is mandatory)
- Coffee or black tea (no milk)



Make sure that you **ONLY** drink these clear fluids and nothing else.

When should I stop drinking clear fluids?

You must stop drinking these fluids the morning of your surgery. The exact time depends on when you need to arrive at the hospital that morning. Someone will call you 24 to 48 hours before your surgery will give you at what time you must arrive at the hospital.

I need to arrive at the hospital at...	I have to stop drinking clear fluids at...
Before 10 a.m.	6 a.m.
After 10 a.m.	8 a.m.
I do not have a specific time and have to wait at home to be called for my surgery.	11 a.m.

### **IMPORTANT:**



You must follow these instructions to ensure your surgery is safe and to prevent serious complications.

If you have not followed these instructions, you must advise the nurse once you get to the hospital.

## HYGIENE BEFORE YOUR SURGERY



### ☐ Dexidin disinfectant soap (4%):



The morning of the surgery, you must shower using the antimicrobial soap you purchased at the gift shop at the main entrance of Block C or Block D or at the pharmacy. You must use the soap from your chin to your toes and then rinse.

### Put on clean clothes after your shower.



No makeup, no nail polish (fingers and toes), no fake nails, no fake eyelashes, no cream, deodorant or perfume/cologne, no jewelry or body piercings.



Do not shave the surgical area.



### Medication

Take these medications **ONLY**  
(with some water).

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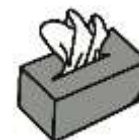
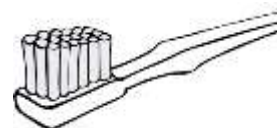
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If all of these instructions are not followed, your surgery may be cancelled.

## **WHAT TO BRING TO THE HOSPITAL**

- This guide.
- A valid health insurance card.
- Your hospital card.
- Your medications, drops and pumps in their original containers.
- A complete list of your medications (ask your pharmacist for this list).
- Slippers, dressing gown, clothing and comfortable shoes.
- Tissues, toothbrush and soap.
- Notebook and pencil.
- If you wear glasses, contact lenses, a hearing aid or dentures: bring your kits or containers and label them with your name.
- If you use a cane, crutches or a walker, bring them to the hospital and label them with your name.
- If you need to, bring sanitary napkins, baby diapers or incontinence products.



**Please leave all your jewelry and other valuable objects at home.**

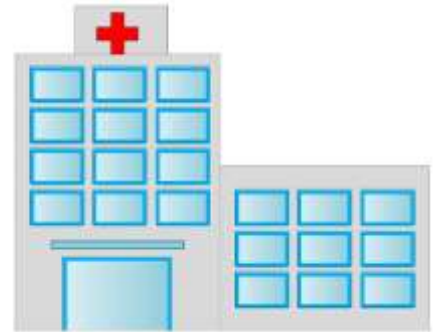
**The hospital is not responsible for lost or stolen items.**

**(The lockers do not have locks).**

**Rings will have to be cut off if not removed beforehand.**

## **WHEN YOU ARRIVE AT THE SURGERY UNIT**

- ❑ **The surgery is made as a day surgery:** Go directly to the day surgery unit on the first floor of Block B (Room 1.165). The time of your surgery will be given to you when you arrive at the unit. **YOU WILL NOT BE STAYING AT THE HOSPITAL OVERNIGHT.**
- **Only one person** can accompany you.
- After you arrive at the unit, you should expect to wait a moment until being called for your surgery. Bring something to entertain yourself if you want (something to read, a music player with headphones, etc.).



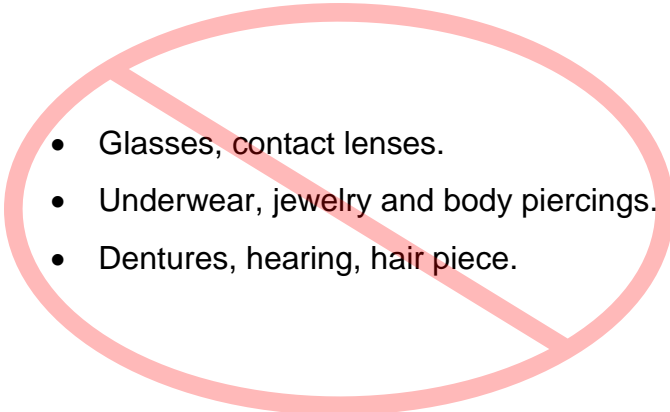
## **THE DAY SURGERY UNIT**

At your arrival, the nurse will help you to get ready for your surgery.  
She will give you an hospital gown to put on.  
She will proceed to a blood test if necessary.  
She will go over all preparations that you had to do before your surgery.

## **OPERATING ROOM**

When you leave for the operating room, you must only wear the hospital gown and no other personal clothing.

**You must remove your:**

- 
- Glasses, ~~contact~~ lenses.
  - Underwear, ~~jewel~~ry and body piercings.
  - Dentures, hearing, ~~hair~~ piece.



Staff will direct you to the operating room.

The anesthesiologist will meet with you when you arrive in the operating room to discuss with you the most suitable methods of anesthesia and pain relief for you.

**For further information about anesthesia, please read the guide on anesthesia – information guide, the nurse will provide when attending your preadmission meeting.**



## **IN THE RECOVERY ROOM**

You will wake up in the recovery room after your surgery.

No visitors are allowed in the recovery room.

Staff will place you comfortably on a stretcher or bed.

You won't be able to eat or drink right away, but the nurse will give you the go-ahead once your condition is stable.

Once you are stable and your pain is controlled, you will be transferred to the day surgery unit.

## **RETURN TO THE DAY SURGERY UNIT OR HOSPITAL UNIT**

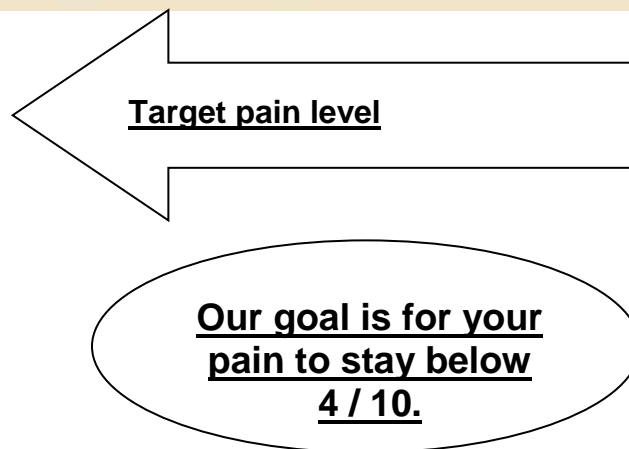
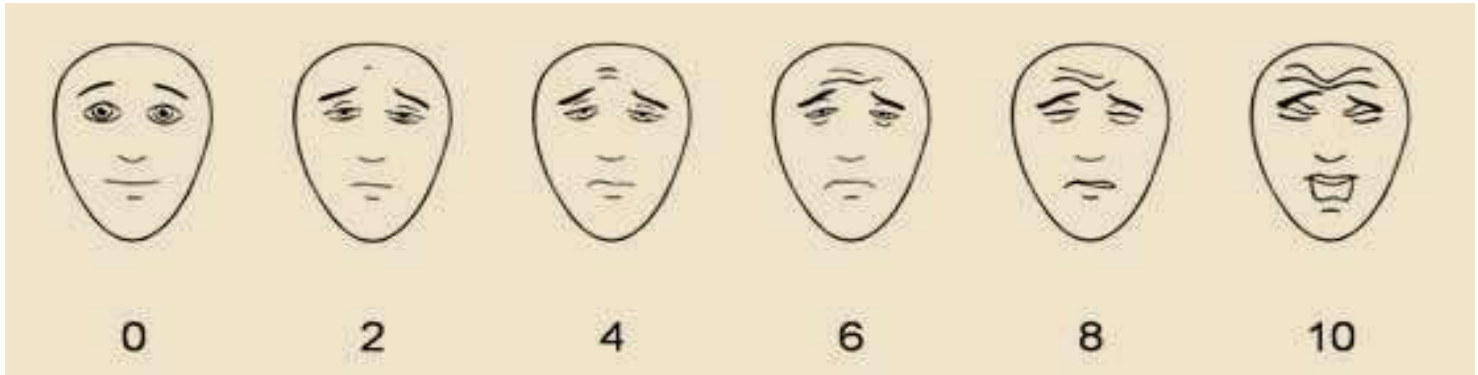
Staff will set you up comfortably on your stretcher or bed and will take your vital signs a few times. The nurse will also check your dressings and steri-strips, if necessary.



## **CONTROLLING YOUR PAIN**

It is normal to have pain after an operation. The amount of pain is different for everyone. However, you can control your pain with the medication prescribed by your surgeon.

**You will be asked to assess your pain on a scale of 0 to 10**



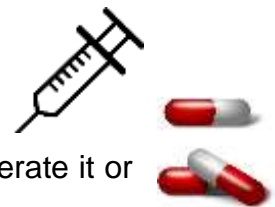
**Pain relief is important because this will help you:**

- Breathe more easily.
- Move around more easily.
- Sleep better.
- Eat better.
- Recover more quickly.
- Do things that are important to you.

### **Pain relief technics**

#### **Analgesics (pain medication)**

- You may receive injections if your pain is too intense.
- You will get your medication in tablet (pill) form once you can tolerate it or once you can eat food.
- **Remember:** The carbon dioxide used to inflate the abdomen for the laparoscopy is removed at the end of the surgery. This may irritate the diaphragm and small nerves in the rib cage and cause muscle pain that can extend up to the shoulders. This pain will go away in a few days on its own. You will need to take your pain medication and rest in order to stay comfortable.



## BREATHING EXERCISES

### Deep breathing

**\*\*Do this as soon as you wake up from surgery\*\***

1. Lie on your back, with your legs slightly bent. Place one hand on your stomach and the other below your breasts.



2. **Inhale slowly and deeply through your nose or mouth.** Feel your lungs inflate. Just the hand on your belly should rise.
  3. Keep your lips pursed and exhale **slowly** through your mouth. This will double the length of your breath. Move your belly back in to expel the air from your lungs.
- 👉 This exercise is not easy to do. Therefore, you need to practise before your operation.

### SPIROMETER

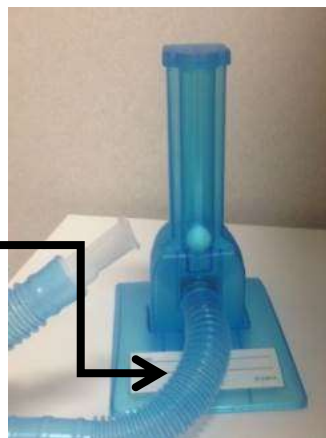
The preadmission nurse will give you this device if you need it.

#### How do I use it?

Remove the device from the package. Connect the mouthpiece to the tubing. Connect the tubing to the outlet on the other side of the flow volume selector.

1. Get into a comfortable seated
2. Adjust the level by turning the flow volume selector to the right that will increase the difficulty of the exercise).

Tube



Flow volume selector



3. Hold the device upright in front of you (if you lean it to the front or back, the exercise is too easy). Exhale normally.
4. Place your lips snugly around the mouthpiece and then **inhale**. Take in enough air to lift the ball.

5. Continue inhaling to keep the ball elevated for 3 seconds. This step lets you expand your lungs as much as possible. Hold your inhalation for 3 seconds, even if the ball drops back down.
6. Then, breathe out through your mouth through pursed lips. Take a break to breathe normally, and then try again.
7. Repeat steps 4 to 6 for about 5 minutes per hour or as per your nurse's instructions.

Keep the device near you so that you remember to do the exercises.

Between uses, you can keep the mouthpiece attached to the end of the tubing.

**Spirometer breathing exercises help you:**

- Eliminate lung secretions to prevent respiratory complications.
- Regain and maintain good lung expansion.
- Stimulate the breathing reflex, which is slowed by anesthesia and pain medication.
- Improve your well-being and resume your usual activities more quickly.

## **CIRCULATION EXERCISES<sup>1</sup>**

These exercises encourages blood circulation in your legs while you are lying down. They are very important because they can prevent serious complications, such as blood clots in the veins of your legs (thrombophlebitis).

- **Toe flexion and extension**

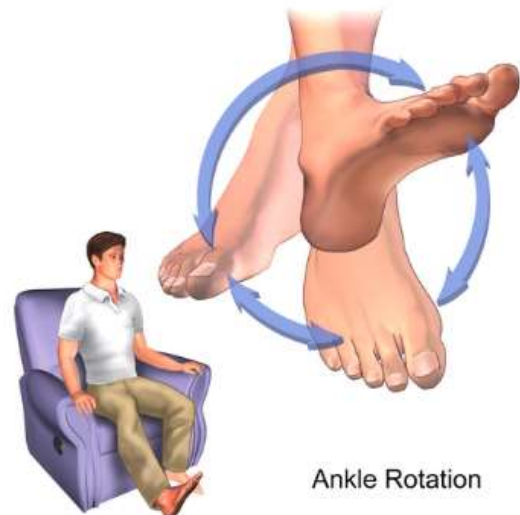
While lying on your back or sitting with your legs stretched out, point your toes to the foot of the bed and then point them toward your chin. Repeat the exercise 30 times a minute for 1 to 2 minutes, every 2 hours.



- **Ankle rotations**

While lying on your back or sitting, make ankle circles from left to right and then from right to left. Repeat this exercise 30 times a minute for 1 to 2 minutes, every 2 hours.

The surgeon may prescribe anti-embolic and sequential stockings for the procedure. You can remove them when you leave the hospital.



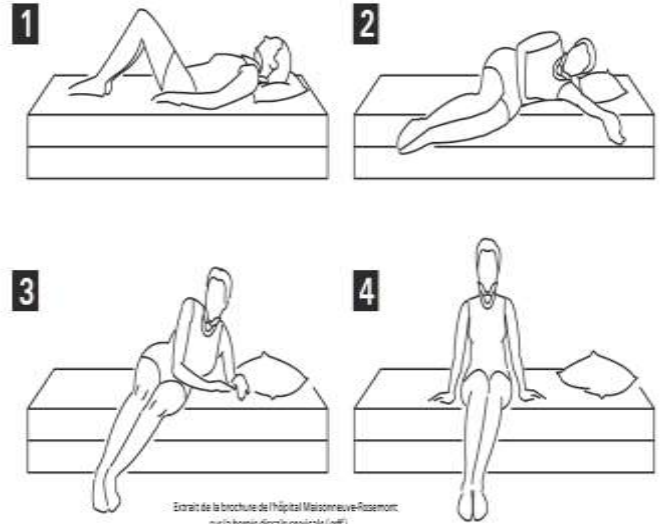
<sup>1</sup> These circulation exercises are based on those developed by Paradis and Poissant.

## **GETTING UP**

When you get up for the first time, a staff member will be there to assist you; however, you should only get up at your own pace. You need to walk and increase the distance you walk each time you get up. Increase your pace gradually.

To help you get in and out of bed, you need to raise slightly the head of your bed.

1. Turn toward your non-operated side.
2. Push against the mattress using your elbow on the non-operated side and your other hand to sit up on the edge of the bed. Slide your legs over the bed at the same time.
3. Stay in this position for a few minutes. Take a few deep breaths and move your feet around.
4. If you do not feel well, tell the nurse or care attendant.



Staff will help you sit in an armchair if you need to.

## **YOUR DISCHARGE FROM THE UNIT**

Your surgeon is the one who will discharge you.

- You must ask another adult to come pick you up, since you cannot drive after your operation. You must plan a ride home.
- If you live by yourself, it is a good idea to ask another adult to stay with you for 24 hours for your safety reasons.
- The nurse may give you a prescription for pain medication, which you must get at your pharmacy. Your nurse will also give you a pamphlet about what you need to know if you need to take a narcotic medication for pain.
- The nurse will give you a follow-up appointment with your surgeon. You must absolutely go to this appointment, even if you feel well.



Surgeon name: \_\_\_\_\_

Date & time of appointment: \_\_\_\_\_

- You will receive a proof of hospitalization or medical leave from work form if you need one. You must notify your surgeon if you need these documents.



### **Procedure for insurance form - General surgery**

Bring the form and drop it in the white box at the surgery clinic located in block C, ground floor, room RC.49.

- This box is accessible 24 hours a day, 7 days a week.
- You must write on the form:
  - Your full name
  - Your file number (on the hospital card)
  - The name of your surgeon
  - A phone number to reach you easily
- The surgeon will sign the form approximately 7 to 10 working days after the deposit (this step is mandatory for the insurance company).
- The administrative agent will call you after signing and will give you an appointment to give you the form.
- She must ensure that the information written on the form is correct.
- For all questions concerning insurance forms:
- You can reach the secretary at: 514 230-2571



## **ONCE YOU GET BACK HOME - INSTRUCTIONS**

### **Your incision**

4 small incisions of 1 to 2 cm are closed with resorbable sutures covered with butterfly bandages (Steri-Strips®).

You may feel numbness or burning around the surgical wounds. This sensation will gradually disappear.

### **Hygiene**

You must let the butterfly bandages (Steri-Strips®) fall off by themselves. You can remove them if they have not fallen off after 7 to 10 days.

You can shower with the Steri-Strips®. You can take a bath once they have fallen off.

Use a mild, unscented soap to clean your skin. Rinse well and then dry.

If you have non-resorbable sutures or staples (not as common), you will get a referral to the CLSC to have them removed within 7 to 10 days or as indicated by your surgeon.

If you have a dressing, you will get instructions when you are discharged about when to remove it. You can take a shower once your dressing is removed.

You must not do any exercise for about 1 month or as advised by your surgeon. You must absolutely follow any specific instructions for your surgery, if applicable.

### **Going back to work**

Your surgeon and nurse will give you more details about your recovery, which will depend on your procedure and the type of work that you do.



### **Breastfeeding**

If you are breastfeeding, ask the surgeon or nurse if you can continue.



Generally, you need to wait 2 to 3 hours after having general anesthesia before breastfeeding your baby. As soon as you return home, you can breastfeed if you feel alert and comfortable.



## **NUTRITION AND HYDRATION**

Generally, you can eat normally after your surgery. Start with light meals and gradually increase as you can tolerate.

If you need to adjust your diet after your operation, the surgeon and nurse will give you instructions. If you have questions, please do not hesitate to ask them.



If you have nausea (you feel sick to your stomach), start by drinking clear fluids and gradually increase the amount and change the texture of the foods you eat as you can tolerate them.

**To avoid constipation**, which can be caused by pain medication:

- Eat plenty of fiber (grains, whole-grain bread, fruit, vegetables, etc.).
- Drink 7 to 8 glasses of water a day (unless you have a medical restriction).
- Walking can help with bowel function.



If, despite these tips, you are unable to have a bowel movement:

- You can use a mild laxative such as Metamucil®, Colace®, Lax A day® or Prodiem® at a pharmacy. Ask your pharmacist for advice.



**If you have not had a bowel movement  
for at least 3 days despite these tips, consult a health care professional  
(family doctor, pharmacist, Info-Santé at 811).**

N.B. Your stools may be more frequent and softer in consistency for a few weeks. If symptoms persist for more than 2 months, report them to your doctor.

## **ACTIVITIES**



**You can drive when:**

- **You no longer feel dizzy.**
- **You no longer have pain and you have stopped taking narcotic medications for at least 24 hours.**

1. Depending on your procedure, your surgeon or nurse may give you other instructions that are appropriate for your situation. Do not hesitate to ask questions.
2. You need to stay active after your operation, but you also need to rest. It is normal to feel tired.
3. Pain should not prevent you from your daily activities such as getting dressed, washing yourself or eating. Take your pain medication if the pain is too intense, and take it at least 30 minutes before doing exercise, if you need to.
4. Walking is one of the best exercises. Increase the distance you walk everyday and alternate with periods of rest. Avoid vigorous exercise, sudden movements, or contact sports.



## COMPLICATIONS

If you have difficulty breathing:

**Immediately call  
Urgences-Santé at 9-1-1**



If you have one or more of the following signs or symptoms:



Fever (38.5 °C or 101 °F or higher)  
for more than 24 hours

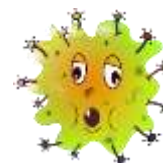
Your pain  
increases  
and is not  
relieved by  
medication.



You have cramps or  
constant pain in your calf.

### **Signs of surgery site infection:**

- Redness
- Pain
- Swelling
- Yellow or green discharge
- Swelling at the incision (wound)



### **Other complications:**

- Significant bleeding from the operated area
- Nausea and vomiting with lack of bowel function
- Dark coloration of the urine
- Jaundice: yellow skin and eyes, pale stools
- Persistent intestinal problems
- Chronic fatigue



**Contact a nurse at Info-Santé by calling 811 at any time (24 hours a day).**

**For all other questions: Contact one of the resources listed on next page**



## **RESOURCES**

**For emergencies, call 911  
Info-Santé – CLSC, call 811  
24 hours a day, 7 days a week**

### **Outpatient Clinic**

Preadmission (preoperative only) ..... 450 975-5566  
General surgery ..... 450 975-5562

### **Surgeons**

Dre Jacinthe Belhumeur ..... Dre Aude Lebrun  
Dre Lucie Bilodeau..... Dr Serge Legault  
Dr Patrick Bouchard ..... Dr Patrick Montpetit  
Dre Isabelle L. Cayer ..... Dre Angela Petrucci  
Dr Guy Flanagan..... Dre Eva Thiboutot  
Dr Patrice Lamoureux ..... Dr Tung Tran  
Dr Sébastien Lachance..... Dr Hubert Veilleux

### **CLSC**

#### **Laval region**

Accueil première ligne..... 450 627-2530, ext. 64922  
CLSC des Mille-Îles ..... 450 661-2572  
CLSC du Ruisseau-Papineau ..... 450 682-5690  
CLSC et CHSLD Sainte-Rose..... 450 622-5110  
CLSC de l'Ouest de l'île ..... 450 627-2530  
CLSC et CHSLD Idola-Saint-Jean..... 450 668-1803

#### **Laurentides Regions**

Centre intégré de santé et de services sociaux des Laurentides :

Thérèse de Blainville..... 450 433-2777  
Des sommets ..... 819 324-4000  
St-Jérôme ..... 450 432-2777  
Pays d'en haut ..... 450 229-6601  
Jean-Olivier Chenier ..... 450 433-2777  
Argenteuil..... 450 562-3761  
Antoine Labelle ..... 819 275-2118

#### **Lanaudière regions**

Lanaudière South..... 450 654-2572  
Lanaudière North ..... 450 839-3864

## **BIBLIOGRAPHY**

Brunner & Suddarth's Textbook of Medical-Surgical Nursing – Volume 6; Volume 3, Digestive and Gastrointestinal Function, and metabolic and Endocrine Function. 3rd Edition, 1994, p.768.

McGill University Health Centre. Patient Education office (2013). A guide to your bowel surgery.

### **Brochure:**

- Centre de santé et de services sociaux du Lac-des-Deux-Montagnes, Cholecystectomy, January 2008.

### **Websites:**

Centre Hépatobiliaire Paul Brousse <https://www.centre-hepato-biliaire.org/en>  
[http://www.muhcpatienteducation.ca/DATA/GUIDE/231\\_en~v~gallbladder-surgery.pdf](http://www.muhcpatienteducation.ca/DATA/GUIDE/231_en~v~gallbladder-surgery.pdf)

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**Centre intégré  
de santé  
et de services sociaux  
de Laval**

**Québec** 

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62-100-091