



General Discharge Instructions

Procedure: Laproscopic Cholecystectomy

Activity: Do not lift more than 20 pounds for 30 days. No heavy straining. You may gradually increase your activity, but should not drive or return to work until approved by your physician.

Diet: Your physician may have different instructions for you, but generally begin with liquids and light food, then advance as tolerated. If nauseated, return to clear liquids only (water, apple juice, tea, lemon-lime soda, etc.).

Medications: Resume usual medications or as instructed by physician.

Rx _____

General information relating to pain medications:

1. Take with food or milk to reduce stomach irritation.
2. Do not drink alcohol or make important decisions while on narcotics.
3. The medication can cause drowsiness; do not drive or do anything that requires mental alertness (using power tools).
4. Most narcotic pain medications tend to have a constipating effect; drink extra fluids and increase fiber/bulk in your diet (whole grains and cereal, fresh fruit, and vegetables).

Dressing: Keep site clean and dry for 48 hours and then remove outer dressing. Okay to shower after dressing removed. Keep steri-strips in place for 2 weeks. Avoid powders and lotions. No soaking in tubs, pools until incisions are well healed (usually about 1 week).

Special Instructions: You may experience abdominal bloating, chest, shoulder, or neck discomfort up to 48 hours after surgery. This is normal, a temporary side effect from the gas used to inflate the abdomen.

Doctor Call Dr. _____ for a follow-up appointment for _____

Appointment: Office Phone Number: **509-338-0632**

Call Doctor If:

1. Your pain is not controlled by your pain medications.
2. You have redness, swelling, or excessive bleeding or drainage from your incision.
3. You have chills or temperature over 100.5 or other signs of infection.
4. Nausea or vomiting that is not relieved
5. You have dizziness and notice an increase in girth size of your abdomen.

OR contact Pullman Regional Hospital Same Day Services (509) 336-7570 and ask to speak to a nurse, explain the problem you are experiencing. The nurse will advise you and help you contact your surgeon or one of their partners.

These instructions have been explained to me and I have received a copy.

Patient/Escort Signature: _____

Nurse Signature: _____ Date: _____



DISCHARGE FOLLOW-UP

Procedure: _____

Phone: _____

Okay to leave message/talk to family member? Yes/No Parent/Family Name: _____

1st Attempt Date: _____ Time: _____ By: _____

2nd Attempt Date: _____ Time: _____ By: _____

Left Message

Left Message

No Answer

No Answer

Spoke with patient/family

Spoke with patient/family

Spoke with: Patient Spouse Parent Other: _____

Is your pain controlled by your pain medications?

Yes No: _____

Are you able to tolerate food/fluids?

Yes No: _____

Any problems with circulation or sensation? (i.e. numbness, tingling, swelling?)

Yes No: _____

Is your dressing clean, dry, and intact?

Yes No: _____

Do you have any questions regarding your discharge instructions?

Yes No: _____

Are there any concerns or compliments that you would like us to know about?

Yes No: _____

Physician's Office Notified of concerns

NA

Comments: _____

