UPPER EDGE SURGERY
COMBINING PRECISION WITH COMPASSION

POST-OPERATIVE CARE INSTRUCTIONS

Gallbladder Removal

Laparoscopic cholecystectomy (keyhole) · Take this sheet home and keep it handy during recovery.

7 days	~7 days	4 wks	1–2 wks
DRESSINGS DRY	DRIVING	NO LIFTING >5 KG/HAND	BACK TO WORK

Wound & dressing care

- Keep the small keyhole dressings clean, intact and dry for **7 days**.
- Shower after 7 days; pat the wounds dry. Stitches are dissolvable — no removal needed.
- No baths, swimming or spa pools for 2 weeks. A little bruising or yellow antiseptic staining is normal.

Pain & comfort

- Mild to moderate tummy pain is common. **Shoulder-tip pain** from the gas used during surgery is normal for 24–72 hours and is not a sign anything is wrong.
- Take your prescribed pain relief; gentle walking helps clear the gas.
- Some nausea in the first 24 hours is common — anti-nausea medicine will be sent home if needed.

Activity, work & driving

- Gentle walking from day one; avoid strenuous exercise for **2 weeks**.
- Avoid lifting more than **5 kg per hand for 4 weeks**.
- Desk work after about 7–10 days.
- Drive again once you can perform an emergency stop without flinching — usually 3–5 days.

Diet & digestion

- Start with light foods for a day or two, then return to your normal diet.
- Fatty or spicy foods may cause looser stools or cramping at first — this usually settles.
- You don't need to avoid fat permanently; eat smaller, regular meals while your digestion adjusts.

Seek help urgently if…

- ! Fever, or yellowing of the skin or eyes (jaundice)
- ! Persistent vomiting or inability to keep fluids down
- ! Increasing or severe abdominal pain
- ! Spreading redness or wound discharge
- ! Shoulder-tip pain that gets worse after day 3
- ! Calf pain or swelling, or shortness of breath

Questions during your recovery?

(07) 3333 5518

admin@upperedgesurgery.com.au

Watkins Medical Centre, L7 Suite 351, Spring Hill

After hours or an emergency — call **000** or go to your nearest Emergency Department.

Dr Goutham Sivasuthan, FRACS · Upper Edge Surgery · Brisbane · Logan · Redlands · Moreton Bay.

Last reviewed June 2026. This is general guidance only — the specific advice your surgeon gives you about your operation always takes priority.

Gallbladder Removal

Most people recover steadily over a few weeks. These general tips help you heal well and avoid common problems after abdominal or keyhole surgery. Use them alongside the specific instructions on the front of this sheet.

Preventing blood clots

- Move your ankles and legs often — ankle circles, foot pumps and knee bends several times a day.
- Get up and walk a little, regularly, rather than sitting for long stretches.
- Drink plenty of water.
- Take any blood-thinning medication exactly as prescribed.

Breathing & chest care

- Take 5–10 slow, deep breaths several times a day, then a gentle cough to clear your chest.
- Support your tummy with a pillow or your hand when you cough or sneeze.
- Sitting upright and walking help your lungs recover.

Getting out of bed safely

1. Roll onto your side with your knees bent.
2. Let your lower legs move off the edge of the bed.
3. Push up sideways with your arms — not your tummy — to sit up.
4. Pause for a moment, then stand up slowly.

Caring for your wound & scar

- Keep dressings dry as directed on the front; once healed, keep the area clean.
- No baths, swimming or spa pools for about 2 weeks; keyhole stitches are usually dissolvable.
- Scars settle well over months. Once fully healed, silicone gel or gentle massage helps; protect new scars from the sun.

Medicines & comfort

- Take pain relief regularly at first, then cut back as you improve.
- Don't exceed the stated paracetamol dose; take anti-inflammatories with food if they suit you.
- Strong painkillers can cause constipation — start a gentle laxative (such as Movicol) early and stay hydrated.
- Avoid alcohol while taking strong painkillers.

Eating well for healing

- Eat regular, balanced meals with protein to support healing.
- Plenty of fibre and fluids keep your bowels regular and help you avoid straining.
- If you smoke, stopping — even for now — speeds wound healing.

Looking after yourself matters. Rest when you need to, increase activity a little each day, and don't hesitate to call us on (07) 3333 5518 if something doesn't feel right.

UPPER EDGE SURGERY
COMBINING PRECISION WITH COMPASSION

YOUR HOURLY ROUTINE

Every hour, while awake

1. **Deep breathing** — Full breath in · hold 3 sec · exhale fully — ×10
2. **Ankle pumping** — Point and relax your toes briskly — ×10
3. **Thigh tensing** — Legs straight, press knees into the bed — ×10

Seek help urgently if...

- ! Redness, swelling, warmth or wound discharge
- ! Fever or feeling generally unwell
- ! Persistent or severe abdominal pain
- ! New or worsening shortness of breath, or a moist cough
- ! Calf pain or swelling — possible blood clot

Questions during recovery?

(07) 3333 5518

admin@upperedgesurgery.com.au

Watkins Medical Centre, L7 Suite 351, Spring Hill

After hours or an emergency — call **000** or go to your nearest Emergency Department.

POST-OPERATIVE RECOVERY GUIDE

Recovery After Abdominal Surgery

Moving early and breathing well are the two best things you can do after surgery. **Getting out of bed and walking is the most effective way** to prevent chest infections, blood clots and pressure sores — and it helps your bowels get going again.

Breathing & chest care

- Take a slow, deep breath in, hold for 2–3 seconds, then exhale gently — **10 times every hour**.
- Follow with a gentle cough to keep your lungs clear of phlegm — this reduces the risk of a chest infection.
- Sitting upright and walking both help your lungs recover.

Supporting your wound

- Press a pillow, folded towel or your hands firmly over the wound whenever you cough, sneeze or laugh — it eases pain and gives a stronger, more effective cough.
- Bend your knees before coughing to reduce strain on your tummy.
- Wear your abdominal support binder, if provided, for comfort.

Getting out of bed safely

1. Roll onto your side with your knees bent.
2. Let your lower legs move off the edge of the bed.
3. Push up sideways with your arms — not your tummy — to sit up.
4. Pause for a moment, then stand up slowly.

> **Don't hold your breath while moving.** Breathe out through the effort — whether you're sitting up, standing or lifting something light.

Walking — from day one

- Short, frequent walks separated by rests — increase the distance or time a little each day.
- Change position regularly when resting in bed; alternate sitting, lying and side-lying during the day.
- Follow any specific instructions from your surgeon.

Preventing blood clots

- Move your ankles and legs often — circles, pumps and knee bends several times a day.
- Get up and walk a little, regularly, rather than sitting for long stretches.
- Drink plenty of water, and take any blood-thinning medication exactly as prescribed.

Dr Goutham Sivasuthan, Specialist Surgeon (Fellowship of the Royal Australasian College of Surgeons) · Upper Edge Surgery · Brisbane · Logan · Redlands · Moreton Bay. Last reviewed August 2026. This is general guidance only — your surgeon's specific advice always takes priority.

UPPER EDGE SURGERY
COMBINING PRECISION WITH COMPASSION

MILESTONES

Your recovery timeline

1. **Every hour** — Bed & breathing exercises while awake
2. **Day 1** — Up and walking — little and often
3. **1–2 weeks** — Driving, once you can emergency-stop without flinching
4. **4–6 weeks** — No heavy lifting or straining
5. **6–12 weeks** — Back to full daily activity

Keep the routine going

Carry on the hourly breathing and circulation exercises at home until you're back to normal function — they matter just as much after discharge.

Questions during recovery?

(07) 3333 5518

admin@upperedgesurgery.com.au

After hours or an emergency — call **000** or go to your nearest Emergency Department.

Building Back to Normal

Keep the exercises going at home, protect your repair for the first 4–6 weeks, and let your bowels work without straining.

Precautions for the first 4–6 weeks

- Avoid heavy lifting and straining — keep to light items only — to protect your repair.
- No heavy housework, gardening or jarring activities (running, jumping) for at least 6 weeks.
- Drive again once you can perform an emergency stop without flinching and are off strong painkillers (often 1–2 weeks).
- Listen to your body — if it hurts, don't continue with that activity.

Your home exercise program

- Continue the breathing and circulation exercises until you're back to normal function.
- Keep a regular walking program going, increasing at your own steady pace.
- By **6–12 weeks** most people are back to full daily activities; a physiotherapist can help you rebuild abdominal and back strength safely — ask your surgeon about specific movement guidelines.

Healthy bladder & bowel habits

- Avoid straining on the toilet — it puts pressure on your wound, pelvic organs and muscles. Aim for soft, well-formed stools.
- Fluids, fibre and regular walking keep stools soft; go when you get the urge and take time to empty fully.
- A gentle laxative or stool softener (such as Movicol) early on helps you avoid straining — especially while on strong painkillers.

The correct toileting position

- Lean forward from your hips, elbows on your knees; a footstool keeps your knees higher than your hips.
- Relax your tummy and bottom muscles and breathe out — never hold your breath or push.
- Gently bulge your lower tummy forward and let your waist widen; hold 5 seconds. Avoid straining.

Looking after yourself

- Rest when you need to — recovery is little and often, not all at once.
- Eat regular, balanced meals with protein to support healing.
- If you smoke, stopping — even just for now — speeds wound healing.

Little and often wins. Move a little more each day, and don't hesitate to call us on (07) 3333 5518 if something doesn't feel right.

Dr Goutham Sivasuthan, Specialist Surgeon (Fellowship of the Royal Australasian College of Surgeons) · Upper Edge Surgery · Brisbane · Logan · Redlands · Moreton Bay. Last reviewed August 2026. This is general guidance only — your surgeon's specific advice always takes priority.