Post-Operative Patient Information

Laparoscopic Liver Surgery

**Pain relief (Analgesia)**

How long you will have to take analgesia after a laparoscopic liver operation is variable. Commonly you will be prescribed:

Paracetamol: this may be at a reduced dose or perhaps not at all – it depends on the size of the liver operation (ie how much liver has been removed), and whether there is evidence before leaving hospital of liver impairment.

Targin (long acting oxycodone combined with naloxone): this is a medication that should be taken in the morning and evening only—it lasts for 12 hours. It may be needed for 2 weeks after open liver surgery. It has the same side effects as the short acting oxycodone (see below).

Oxycodone: this is a short acting strong painkiller, related to morphine. Take as little of this as possible, as it has a fair few side effects (nausea, constipation, makes you sleepy, can make it difficult to concentrate, and you can’t drive whilst you are taking it).

If you are needing to take oxycodone, Targin or codeine-containing medications, they all can cause constipation, so it is a good idea to take some laxatives as well. This may be as simple as taking a fibre supplement such as Metamucil/Benefiber, prunes, medications such as Coloxyl with Senna or Movicol, or anything that works for you. It also depends on whether you have had previous bowel surgery.

**Nausea**

This is common after liver surgery, and should be settling by the time of discharge as you should be on to a fairly regular solid diet (though the portions will often be much smaller). If this is a persistent problem or related to pain relief medications that can’t be avoided, then medications for nausea (metoclopramide, prochlorperazine or ondansetron) may be prescribed on discharge.

**Wound Care**

Leave the dressings on the surgical incision and drain sites for 5 days, and then take them off and leave the wounds open. You can shower whilst the dressings are on as they are usually waterproof. Don’t have a bath though, otherwise the water does tend to get in and causes problems with the wound. After the dressings are off, shower normally, don’t rub the wounds too much, and pat them dry. Leave the wounds open (unless there is significant discharge) as this allows them to dry out and for you to keep an eye on them for signs of infection (redness, increased local pain, swelling/lump, discharge of pus).

**Diet**

Get back onto your usual healthy diet with no restrictions. It is common to not be able to stomach the same sized portions for a period of time after the surgery compared with before. If this is the case, then make sure you are trying to have 5-6 small meals per day (ie. morning and afternoon tea are bigger if your main meals are much smaller than usual). If you have a persistently poor appetite, then supplementing your diet with eg. Sustagen, Fortisip or Up and Go is a good idea, to give you extra protein and calories to reduce the amount of weight lost after the surgery.

**Physical activity**

It is really important to be physically active after the surgery, particularly with regular walking, particularly to prevent deep venous thrombosis (DVT, blood clots in the deep veins of the legs). There is a limitation on heavy lifting after the surgery (heavy is >8-10kg) for 4 weeks, but this depends on the size of the largest incision used to remove the resected liver.

**Driving**

My rules on driving are that first, you shouldn’t be taking any strong painkillers such as oxycodone, Targin or Panadeine Forte. Then, you have to sit in the car, do not turn it on, put your foot on the brake quickly, and then twist right and left to look for traffic. If you can do these movements without pain in the surgical wounds affecting these movements, you are safe to drive from my point of view.

**Work**

The amount of time off work after this surgery is variable and very much depends on your recovery from the surgery as well as plans, depending on the reason for the surgery (eg. colorectal cancer spread to the liver), for further therapy such as chemotherapy. 3 weeks is a general guide if you are feeling pretty well, without much pain limiting your physical activity, and if you have decent energy levels.

**Post-operative appointment**

Please make an appointment to see Dr. Mihrshahi 2 weeks after the surgery, to check your post-operative progress. You may need to have some blood tests and/or a scan prior to this appointment. Dr. Mihrshahi will give you the required request forms prior to discharge.