Liver Surgery
How does my liver work?
The liver is the largest organ in your body. It weighs about 1-2 kg (3-4 pounds). It is behind the ribs on the upper right side of your abdomen. Your liver does many important jobs to keep you healthy.
What does my liver do?

• Changes your food into energy. This is needed for life and growth.
• Stores sugar, iron, vitamins, and minerals so your body can use them when needed.
• Breaks down and removes medications, alcohol, and other harmful substances from your bloodstream.
• Makes a yellow-green fluid called bile. Bile helps you digest fats and also allows you to absorb some important vitamins.
• Regulates (controls) your hormones (sex, thyroid, and adrenal).
• Makes proteins that are needed for the blood to clot and to help fight infection.

Why is liver surgery done?

It is usually done to remove a benign (non-cancerous) or malignant (cancerous) tumour from the liver. A portion of your liver will be taken out. Your surgeon will explain the surgery and why it is needed.

Before your surgery

Please read the Planning for Your Hospital Stay After Surgery pamphlet to learn what to expect.
After your surgery
You will be taken to a special recovery area. Your breathing, pulse, and blood pressure will be checked often. Some patients may need to be cared for in the Intensive Care Unit and/or Intermediate Care Unit for a period of time. When you are stable, you will return to a hospital room.

Oxygen
You will have oxygen running during the first night after surgery and possibly a little longer. The oxygen is often given through 2 small tubes under your nose.

Incision (cut)
Your wound will be closed with staples (metal clips) or Steri-Strips® (special tape). You will have a bandage covering your incision for a short time after surgery.
Discomfort and/or pain

There will be some discomfort and/or pain around the incision. The pain can be helped by medication.

The anesthetist (doctor who will put you to sleep for the surgery) may wish to control your pain by giving the medication through a small tube inserted in your back or through your intravenous (IV) through a PCA pump. The tube in your back is called an epidural and will stay in place for 3-4 days. The PCA pump has a button where you control the amount of pain medication you receive once the doctors choose the settings. You will never be able to overdose on the pain medication.

After the IV is taken out, you will get a needle or pill for pain depending on your needs. It can be taken every 4 hours during the day and night. It is best to take pain medication regularly for the first while, and before doing any activity. You and your nurse can plan activities to coincide with when your medication is given. Please ask for the medication.

Bladder catheter

You will have a catheter (hollow tube) in your bladder connected to a collection bag to drain your urine (pee). It will be taken out as soon as possible.
**Intravenous (IV)**
You will have a small plastic tube (IV) in your arm. This will give you liquid, salts, and some sugar until you are drinking well.

The doctor may insert a special IV line called a central line into your neck or upper chest. The central line is used to give fluids, medications, and nourishment.

**Nasogastric tube (nose to stomach tube)**
This tube may or may not be used. If used, it will be attached to a small suction machine at your bedside or on the wall. The tube will keep your stomach empty and help to prevent nausea (feeling sick to your stomach). The nurse can give you swabs to moisten your mouth as it may be dry.

The tube will be in place until the doctors feel it can come out. This is usually within a few days. After the tube is taken out, you may start to take liquids. When you are ready, your doctor will order more food for you.

**Drainage tube from abdomen**
You will most likely have a drain near your incision to drain fluid from your abdomen.

It will be taken out when there is very little drainage (about 3-5 days after surgery).
Bowel sounds
Each day your bowel sounds will be checked. Bowel sounds will be heard when the normal action of the bowel returns.

Activity
• Moving your legs and wiggling your toes often improves blood flow. This helps prevent blood clots from forming in the veins of your legs.
• Your nurse will help you out of bed. You will slowly be more active. Although you may have discomfort, it is important to get up and move around many times a day.
• To prevent pneumonia, you will be asked to do deep breathing and leg exercises every 1-2 hours while you are awake. You will use an incentive spirometer to do your deep breathing exercises. A nurse will tell you how to use the spirometer.

At home

Controlling pain or soreness
• You may take pills for pain or soreness at home for a short period of time. Take the pills as instructed.
• Watch out for constipation.
• Do not drink alcohol while you are taking pain pills.
Meals and snacks

• It may take time for your appetite to go back to normal. It may help to eat smaller meals more often.

• Healthy meals will help your body heal.

• Continue to follow your usual diet.

• The foods that you eat will affect your bowel movements. Eat foods high in fibre (bran, vegetables, and fruit).

• Drink 6-8 glasses of water a day unless you cannot because of another health problem.

• Ask your doctor about using stool softeners or laxatives if you need them.

• Remember that you do not need a bowel movement every day to be healthy.

Activity

• You will find that you will get tired easily and may need extra rest. Bit by bit, your energy will come back.

• Some examples of good activities are: light housework, preparing small meals, and riding as a passenger in a car for a short distance.

• Walking is the best thing for you after surgery. Start slowly and walk farther each day.
For the next 6 weeks avoid:

- Lifting anything heavier than 10 pounds (such as children, laundry, groceries, luggage).
- Moving furniture, mowing the lawn, shovelling snow.
- Long car trips – if a long car trip is necessary, have someone else drive.
- Strenuous (hard) exercise.
- Go back to having sex when you feel well enough.
- Do not drive a car for 2 weeks. Do not drive if you are taking pain pills.

Care of your incision

- If your drains and tubes have been taken out, you may shower about 2 days after your surgery. Pat your incision lightly to wash and dry. There should not be any drainage or increased redness in the area. If your bandage must be left on, tape Saran Wrap® over it to keep it dry.
- You may have a bath when the incision is healed, in about 10 days.
- If your staples (metal clips) have not been taken out before you leave the hospital, you must make an appointment with your family doctor to remove the staples 7-10 days after your surgery. A staple remover will be given to you.
- If you have Steri-Strips®, peel them off as they become loose. This is about 7-10 days after surgery.
Follow-up care
• A visit will be booked with your surgeon a few weeks after you go home. It is very important that you keep this appointment. You may get this appointment before you leave the hospital.
• You will be given a letter for your family doctor.

Going back to work
• Your general health, recovery, and type of work will determine when you can return to work. Talk with your doctor about going back to work.

Call your doctor if you have:
• Fever
• Chills
• Nausea
• Vomiting
• Increased redness, swelling, or warmth around the incision
• Increased pain or tenderness around the incision
• Separation of the edges of the incision
• Drainage from the incision

If you have any questions, please ask.
We are here to help you.
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