

S:

A.E is a 64 year old female with past medical history of hyperlipidemia and past surgical history of hysterectomy (2015) and abdominoplasty (2020) who presents to the general surgery clinic for routine postoperative follow up after an uncomplicated, robotic assisted laparoscopic cholecystectomy performed on 6/3/26. Pt is POD 9. Pt reports overall doing well since surgery. She notes mild pain to the umbilical incision site, which has gradually improved since discharge. She was discharged with Tylenol #3 for post-op pain, which she stopped taking yesterday due to constipation. Pt continues to pass flatus. She is tolerating a regular diet without difficulty and reports adequate hydration. Pt denies fever, chills, nausea, vomiting, abdominal distension, diarrhea, inability to tolerate oral intake, drainage from surgical incisions, redness, swelling, chest pain, SOB, or urinary symptoms. She has been ambulating without difficulty and gradually resuming her normal daily activities.

O:

Vitals: BP 136/75 mmHg, Pulse 84 BPM, RR 16 breaths/minute and unlabored, T 98.6 °F, SpO2 99% on RA, BMI 30.42 kg/m²

Physical exam:

General: 64 YOF who appears stated age, well appearing, well groomed, well nourished. Not in any acute distress.

Pulmonary: symmetrical expansion with respiration. No intercostal retractions, or tenderness. Breath sounds equal bilaterally. No rales, wheezes, or rhonchi auscultated.

CV: regular rate and rhythm. S1 and S2 heard. No murmur, thrills, or clicks.

Abdomen: soft, non distended, minimally tender at the umbilical incision site; 4 laparoscopic incisions are clean, dry, and intact with no surrounding erythema, drainage, fluctuance, or evidence of dehiscence. No signs of surgical site infection. Bowel sounds present.

A:

Pt is a 64 YOF who is POD 9 sp uncomplicated, robotic assisted laparoscopic cholecystectomy. Pt reports mild pain at the umbilical incision site and mild constipation associated with Tylenol #3 use, which she discontinued. Pt is tolerating a regular diet, ambulating without difficulty, and denies systemic symptoms such as fever or chills. Physical exam reveals well-healing laparoscopic incision sites without evidence of infection. Overall clinical presentation is consistent with an uncomplicated post-op recovery.

P:

Post-op care and incision management:

- Encouraged pt to shower daily and gently wash incisions with soap and water, and to avoid soaking in bathtubs, pools, or hot tubs until wounds are completely healed
- Will follow up final surgical pathology results and notify patient of any clinically significant findings

Pain management:

- Advised pt to take Tylenol or Motrin as needed for mild post-op pain

Constipation:

- Constipation should improve after discontinuation of Tylenol #3, but advised pt to increase fluid intake and dietary fiber

Pt was encouraged to continue ambulation as tolerated and to avoid heavy lifting or strenuous activity

for an additional 4 weeks. She was instructed to return to clinic for worsening abdominal pain, fever, nausea, vomiting, inability to tolerate PO, increasing redness or drainage from incision sites, or any other concerning symptoms. Pt expressed understanding.