



POST-OP INSTRUCTIONS: LAPAROSCOPIC SURGERY

Our GYN clinic is committed to ensuring that your post-operative experience is as comfortable as possible. The following information will help answer frequently asked questions and will help you understand some of the common experiences that may occur after your surgery. Please do not hesitate to call the office with any additional questions about your recovery.

Call the office to schedule a post-operative appointment two to four weeks after your surgery.

If an ER visit is necessary post-operatively, always go to your nearest hospital emergency room.

Call your doctor right away if you experience:

- Fever higher than 100.4 degrees
- Shortness of breath
- Dizziness
- Heavy vaginal bleeding
- Severe pain not relieved with your pain medication
- Persistent nausea or vomiting
- Increased pain, redness, or swelling at the incision

HOW MUCH ACTIVITY CAN I DO AFTER SURGERY?

General. There are no standard limitations with regard to activity after laparoscopic procedures except for driving and sexual activity (see below). In general, use common sense when deciding what activities you are willing to perform after surgery. Every patient is different, and different patients will have differing degrees of recovery. Gradually advance your activity. You should NOT be bedridden after these procedures. Continued movement and increased activity back to normal will prevent prolonged recovery times due to “detraining”.

Stairs. Apprehension about stairs or weakness in mobility may require help when climbing up and down stairs. You are allowed to use the stairs if you feel you are able.

Exercise. Use common sense when starting an exercise routine after surgery. Start out slowly and gradually increase time, distance and speed.

Driving. Driving can begin only after you have stopped taking narcotics, and if you feel strong enough to be able to stop the vehicle in an emergency. If you are not confident, have someone drive you.

WHEN CAN I RESUME SEX?

Intercourse should be avoided for two to four weeks depending on your surgery. If your surgery did not involve the vagina or cervix (for example: removal of an ovary), intercourse can resume in two weeks. If you had a hysterectomy or surgery in the vagina, you should avoid intercourse for a minimum of six weeks to allow the top of the vagina to fully heal. Avoid deep penetration initially until you are completely comfortable.

WHEN CAN I TAKE A SHOWER?

You may take a shower the day after surgery.

HOW SHOULD I CARE FOR MY INCISIONS?

Just keep your incisions clean and dry. No special creams or ointments are needed. Your incisions are closed with a suture underneath your skin, which will dissolve on its own. It is then covered with a surgical-grade liquid band-aid. This protects the incision and will stay in place for up to two weeks or longer. The glue can be removed by using soap and water and gentle scrubbing with a washcloth after two weeks. The glue contains an antibiotic, which helps to prevent infection. A small amount of bleeding at the incision sites is not uncommon. If it persists, call your doctor.

HOW LONG WILL I HAVE BLEEDING AFTER SURGERY?

Vaginal spotting may last for several weeks and should resolve. Call the office if you have heavy bleeding, increasing bleeding, a foul odor, or if you have urinary or rectal bleeding. Removal of certain types of cysts will cause your period to come within a few days after surgery.

I HAVE A LARGE BRUISE NEAR MY INCISION, IS THAT NORMAL?

Some patients will develop bruises at the incision sites. The incision sites are made by “trocars”, a plastic sleeve that is used for access during the surgery for the camera and for instruments. Sometimes these trocars cut tiny vessels just beneath the skin that cause limited bleeding. Even under the best of circumstances, it is sometimes impossible to see these small vessels. A bruise will develop that will resolve. Those patients with very large masses or fibroids may also develop bleeding at the incisions that can be more extensive due to longer manipulation of the trocar sites. Rarely, this bleeding can be very extensive, leading to a large bruise that tracts to the groin area. Please note that this type of bleeding almost always resolves. Pain or warmth may develop from the blood under the skin. Use Motrin 600 mg every six hours or 800 mg every eight hours to relieve the pain.

HOW MUCH PAIN WILL I HAVE AFTER SURGERY?

Incision. Pain around the incision sites is not uncommon, and will resolve over several days. Most patients describe pain as minimal or moderate, and will improve daily.

Pelvic and Rectal. Some patients describe pressure and pain with urination or with bowel movements. These symptoms resolve and are due to irritation to the rectum and bladder from the surgical procedure, and will resolve with time.

Chest and Shoulder. The carbon dioxide gas used to insufflate the abdomen during the procedure (so the surgeon can see) will irritate the phrenic nerve in some patients, leading to mild to severe pain. This nerve tracks pain impulses from the lining of the chest cavity. The pain can occur during deep breaths. This resolves within two to three days, and is not worrisome. If the pain is extreme or does not resolve, a visit to the local ER is important to rule out other causes of chest pain, such as heart or lung issues.

Sore Throat. Some patients will have a sore throat from the tube that is placed during anesthesia. Throat lozenges or warm tea will help soothe the discomfort, and this will resolve within a few days.

General. Pain should resolve over time, and will get better every day. If pain persists or becomes worse, a visit to the ER at the hospital where the procedure was performed is recommended.

HOW SHOULD I MANAGE MY PAIN AFTER SURGERY?

You will be given a prescription for Motrin prior to surgery (start Motrin after surgery) and a narcotic (Percocet, Tylenol 3, or Vicodin) at the hospital prior to your discharge. To be effective, Motrin should be used in doses of 600 mg every six hours, or 800 mg every eight hours. Narcotics should be used sparingly since they will cause constipation. The first several days following surgery, most patients use mainly Motrin or extra strength Tylenol during the day, with use of a narcotic sometimes at night to help with sleep. Using a heating pad on the lower abdomen is safe. Coughing can be uncomfortable initially because of abdominal discomfort. Placing a pillow on the abdomen to support your abdomen while coughing can be helpful.

IS IT NORMAL TO HAVE SWELLING?

Abdominal. Some degree of abdominal distension (swelling) is to be expected after surgery. This is due to distension of the intestines, and resolves over time. It is usually mild to moderate only.

Extremities. Swelling of the legs and sometimes arms is not uncommon after surgery. This is due to increased fluid given during the procedure. This will resolve over several days. If you notice persistent or increasing swelling, tenderness to the calf or calf pain, please call the office immediately.

I HAVE CONSTIPATION, WHAT SHOULD I DO?

Constipation can cause severe pain that can worsen with increased amounts of medication. If you experience constipation, drink lots of fluid and eat a high fiber diet. You may also use a mild laxative, such as Milk of Magnesia, or a stool softener, such as Colace. No prescription is required for either.

I HAVE DIARRHEA, WHAT SHOULD I DO?

Diarrhea sometimes is caused by antibiotics and will resolve once the antibiotics are stopped. A probiotic such as lactobacillus can help with this process. Rarely, severe diarrhea can develop. Call your doctor if you have severe diarrhea, bloody diarrhea, or if your diarrhea is accompanied by fever or worsening pain.

I'M NAUSEATED, WHAT CAN I DO?

Anesthesia is the main cause for nausea immediately after surgery. After the first 24 hours, nausea is more likely caused by either your narcotic pain medication or your antibiotics. If you are experiencing severe nausea, please call your doctor.

I NEED TO URINATE BUT I CAN'T, OR I ONLY PASS A FEW DROPS

Urinary retention is the inability to pass urine through the bladder. A very small number of patients will develop this problem due to the anesthetic used for the surgery. Most patients will have their bladder catheter removed immediately after the surgery. If you are sent home and are not able to pass urine, please go to a local emergency room. A catheter will be placed to allow the bladder to "rest" after the surgery, and will be removed several days later in the office. It is important to have this catheter placed to avoid injury to the bladder.