

POST OPERATIVE INSTRUCTIONS

PAIN MANAGEMENT

--Common areas of pain after laparoscopic surgery include the incision pain, pain in between the shoulder blades, the pelvis, and lower back. The gas that is used to distend your abdomen for the surgery is absorbed slowly into your blood stream over the first 3-4 days after surgery. It is not passed intestinally, although, because your abdomen is distended, it may feel similar to intestinal gas. Staying active and walking is the best way to promote the absorption of this gas.

--Immediately after surgery, nerve pain is the most intense, typically for the first 6 to 12 hours. As the body heals, it creates inflammation around the incision sites adding pressure and creating soreness.

--After 5 days, the inflammation begins to recede and significant improvement in soreness is expected. Pulling on the incisions, especially if sudden, such as when you cough, will reactivate the nerve pain. Support your abdomen with a pillow during coughing or sneezing as this will be helpful to minimize the pain.

--There are two types of pain pills typically prescribed by Dr. Garcia for the post operative pain management, narcotics such as Tylenol with codeine and an anti-inflammatory such as Motrin(Ibuprofen).

Motrin should be taken around the clock every 8 hours for the first 3 days, then as needed. If you have problems using NSAIDs, be sure to discuss your concerns with Dr. Garcia. The narcotic can be used as needed for the first 1 to 2 days. After that, please alternate Extra strength Tylenol with Motrin. Narcotics can have a cumulative side effect of severe constipation.

VOIDING

-- Because the bladder is disturbed by the surgery, the normal sensation may be temporarily altered. You may not be aware that your bladder is full. If the bladder is allowed to get over distended, it may make the problem worse.

--This is why we make sure that you are able to empty your bladder adequately before you go home. For the first few days you should make a point of emptying your bladder every 3 to 4 hours.

--If you had a bladder repair as well (sling), it may take longer to empty and you may have to tilt forward while voiding. Sitting on the toilet backwards is sometimes a good way to position yourself for optimal emptying. After a few weeks, voiding feels much more natural. Pain with voiding, especially after the first day, is not expected and may represent a bladder infection.

INCISIONAL CARE

- Paper tape “steri-strips” or surgical glue is typically used for the abdominal incisions. The steri-strips can be pulled off after one week. The surgical glue will fall off slowly with time. Do not rub it off.
- A gauze dressing may be use for the belly button incision. It should be removed the day after surgery.
- You may shower and use a mild soap around the incisions and blot dry.
- There may be discoloration or bruising around the incision. This is normal and may take several weeks to resolve.
- Firmness or a nodular area under the skin near the incision may represent a collection of blood, or hematoma. This too will resolve spontaneously over time.
- **If any incision develops progressive tenderness, progressive redness or has drainage, you should call Dr. Garcia.

GASTROINTESTINAL FUNCTION

- Nausea can occasionally be an issue in the first few days after surgery. It is usually caused as a side effect of the pain medicine, particularly the narcotics. Taking the pain pills with food is a good way to proactively minimize this side effect.
- Throwing up, especially after the first day, is not expected and you should promptly call Dr. Garcia.
- Gaseousness and constipation can be a problem for the first week after surgery. Limiting the use of narcotics may be helpful. Stool softeners-- Colace-- twice a day and high fiber diet are safe. If needed daily Miralax is a good choice.

VAGINAL DISCHARGE

- For hysterectomies, you may have a mildly malodorous discharge and occasional spotting for up to 6 weeks.
- Menstrual level bleeding or significant watery discharge is not expected.
- Put nothing in the vagina, i.e. tampons, for the first 6 weeks.

DIET

- You are encouraged to get back to your regular diet as soon as possible. A varied healthy diet with a good amount of fiber is always a good idea. You may want to avoid spicy or gaseous foods in the first few days.

GENERAL ACTIVITY

- For the first two days postoperatively, your soreness and recovery from anesthesia will limit your activity naturally. At a minimum during this time, you should ambulate for 10-15 minutes every 2-3 hours.
- After that, in the first week, any activity except for overt exercise is ok. During the first week you should not commit to being on your feet for more than 30 minutes at a time.
- During the second week, light exercise is encouraged.
- After 2 weeks from surgery you should try to get back into full regular activity. The sooner you do, the sooner you will get back to feeling like yourself. It may take another 2-4 weeks before you feel completely recovered.

SEXUAL ACTIVITY

- You should wait at least 10 weeks, depending on your doctor's findings at your postoperative visit.
- Return to normal sexual response may take several weeks as the pelvic floor continues to heal.

BATHING

- You may shower the day after surgery. It is a good idea to avoid a hot and steamy shower as it causes flushing, dropping your blood pressure and causing you to feel faint.
- Letting water run over the incisions is a good idea, but don't rub them with a wash cloth or towel. You should not immerse yourself in water (no tub baths) for two weeks after surgery.

POSTOPERATIVE VISITS IN THE OFFICE

- You will usually have two postoperative visits with your doctor, one at 1 week and one at 4 weeks out from surgery. Dr. Garcia will review the operative findings and pathology results at these visits. If you have questions, it is a good idea to write them down and bring them with you, so that you do not forget.
- You will need to call to schedule these appointments.

WHEN TO CALL DR. GARCIA

- Call for any fever above 100.4° F. (If you do not feel feverish, you do not need to check your temperature as a routine)
- Call for any pain which does not seem to be improving after the first 3 days.
- Call for persistent nausea or vomiting
- Call for pain during urination
- Call for unusual swelling in your legs
- Call for menstrual level or more vaginal bleeding or significant vaginal discharge
- Call if the incisions develop redness or any discharge