



Total Laparoscopic and Robotic Hysterectomy POST-OP INFORMATION

Your surgery is over and you now can look forward to steady improvement. Here are answers to some of the most common questions women have when returning home. Remember that no two people react the same way to surgery and that the recovery time can vary from woman to woman and from procedure to procedure.

Adjust your expectations

Please understand that you just underwent surgery. It takes time to recover from surgery and **you will need some TLC**. A minimally invasive hysterectomy such as a Laparoscopic or Robotic hysterectomy is very different from your mother's hysterectomy. Recovery from this procedure takes much less time than from an abdominal hysterectomy. However, **you still had major surgery**, and although your incisions are fairly small, your internal organs have undergone a significant amount of trauma and require time to recover. After a minimally invasive hysterectomy, most women are able to return to normal activity in 1 to 2 weeks, but it often takes much longer to feel completely normal.

The First Few Weeks

Going home is exhausting. Baggy pants with an elastic waistband or a loose dress are essential since your belly will still be too swollen and uncomfortable to get into normal clothes. Make sure you have any prescriptions you need. We will give you prescriptions at your pre-op visit or when you leave the hospital. If the hospital pharmacy has not filled them, swing by your local pharmacy on the way home.

Once you are home, you will most likely be ready for a nap. This is normal. In fact, you will find that fatigue will be your limiting factor for about two weeks, sometimes longer. Even if all went well, and even if you are not anemic, the most common complaint is fatigue. You may get up in the morning feeling like you have tons of energy, but by afternoon, may be so exhausted that you must take a nap. It's a combination of your body healing, and the effects of the anesthesia. Don't fight it. Take a nap and know that you will back to your usual energy level in a few weeks.

Your Recovery / FAQ's

The following topics are guidelines for your recovery, and answers to questions that you might have. Please be sure and call to office if you have any questions or concerns.

❖ *Pain*

To prevent incisional and surgical pain: It is recommended that you take Ibuprofen 800 mg every 8 hours to **prevent** pain for the next four days. **This really works for surgical pain and reduces the need for narcotic pain medication** (which can slow GI function and cause constipation). Even if you think Ibuprofen has not helped you before -- this is surgical pain, and it does help. You will also have a prescription for Lortab (or similar prescription pain medication) in case you have any breakthrough pain. Do not take aspirin without first consulting your doctor, as it may make bleeding and bruising worse. Surgical pain is virtually absent within a few days after surgery and by that time you should not need any medication for pain.

Because of the risks associated with narcotic use, we want you to try and be off of narcotic pain relievers in one to two weeks. Please keep an eye on your pill quantity and alert us at least 24 hours in advance if you are going to need a refill. Many of these medications require a hand written prescription and cannot be refilled at night or over the weekend. **If you experience a significant increase in pain please notify your doctor.**

❖ *Fever*

If you think you have a fever, don't rely on how you feel. Take your temperature. This may seem obvious, but it is astonishing the number of times a patient calls to report a fever when they have not even taken their temperature. It's easy to get fooled since you may be warm from a hot flash (if your ovaries were removed), or you may wake up in a pool of perspiration from sweating off the extra fluid you accumulated in the hospital. Buy a thermometer before surgery so that no one has to do the 2:00 A.M. run to the drugstore. Call us if your temperature is over 100.5 degrees unless you have been told otherwise. In addition to fever, it is important to watch for other indications of infection. The most common infections after gynecological surgery are urinary tract infections and wound (incision) infections.

❖ *Diet*

There are no specific dietary requirements. Resume eating regular food and drink plenty of fluids. We do recommend that you get plenty of protein and avoid foods that cause gas or constipation. Alcohol should not be taken with pain medication. Smoking will increase coughing, cause more discomfort, and can interfere with healing.

❖ **Constipation**

This is a very common problem after surgery. It is caused by decreased activity, changes in diet, and use of narcotic pain relievers. Increasing fiber in your diet and cutting down on dairy products may help you avoid this problem. Some good sources of fiber are fresh fruit, fresh vegetables, beans, and high-fiber cereals. It is good to keep well hydrated as this also helps to reduce constipation. It is recommended that you drink 6-8 glasses of water per day (unless otherwise instructed). You should not experience any nausea or vomiting, but call if you do.

A stool softener such as Colace, Metamucil or MiraLAX may be purchased over the counter and should be used one to three times daily to avoid hard stools. Milk of Magnesia or a Dulcolax suppository should be used if you go more than 3 days without a bowel movement. These stool softeners/laxatives may be necessary for quite some time, therefore, do not hesitate to use them as long and as often as needed.

❖ **Your Incision**

Slight abdominal swelling is normal and may last as long as 6-8 weeks. If your belly is getting distended, hard and tender, there may be a problem. Nausea and vomiting are also indications that something is amiss and your doctor should be notified. Some degree of skin bruising is normal, especially after a laparoscopic procedure. The green/purple bruises will turn lovely shades of orange and yellow before they fade away, and the whole process might take weeks. If the bruises are expanding after you get home, call your doctor.

With a laparoscopic or robotic surgery, you will have 3-5 tiny incisions on your belly. The sutures we use are absorbable and do not need to be removed. They dissolve on their own. Some incisions are closed with surgical “super glue”. This will peel off on its own as well. If you have bandages in place, the bandages may be removed the day after surgery unless you have been told otherwise.

If you had an abdominal incision, your incision may have been closed with staples. These are removed in the hospital before you go home or during one of your post-op visits. Steri-strips are applied to the skin after your staples are removed. If these strips are still present two weeks after surgery, you may remove them.

Your incisions should stop hurting in a few days after your surgery. It is normal for any incision to be a little tender, a little puffy, or numb. Everyday your incision should feel a little better. The incisions (especially the umbilical incision), often ooze for a day or so, especially if the “skin-glue” is dislodged a bit—this is not unusual. A little dried blood is also not unusual.

Normally, the puffiness and tenderness are gone by two to three weeks, but numbness can last for months. In some cases it takes years until completely normal sensation returns. If you desire, apply ice packs to your abdominal area to reduce swelling and discomfort. This should be done for 20 minutes at a time, several times each day, for the first few days following your surgery. **Call your doctor for any development of new or increased redness, tenderness, discharge, swelling of your incision.**

❖ ***Vaginal Bleeding***

Some vaginal bleeding right after surgery is expected. Also, you might experience a two-day period of bright red bleeding around the 14-28th day after your surgery. The stitches at the top of the vagina dissolve at this time. The bleeding can be quite red, but not as heavy as period, and typically resolves without treatment. If you think the bleeding is heavier than a period, please notify your doctor.

❖ ***Vaginal Discharge***

The inner end of the vagina from which the cervix and uterus above were removed has been sewn shut. Even though the outside skin incisions heal promptly and rather perfectly, the inner vaginal incision heals much more slowly. It really takes about 8 weeks to close. The stitches do not need to be removed and they will simply dissolve away. It is normal to have some vaginal discharge that is tan to brown to frankly bloody for the first four to six weeks. Rest assured that your discharge will resolve completely once the upper end of the vagina has completely healed. The upper end of the vagina will nearly always develop some excessive growth of scar tissue called “granulation tissue.” This is treated with a medicated Q-tip at your 6-week post-op visit. The granulation tissue may take a few monthly treatments with medicated Q-tips before the upper end seals completely and you have your normal minimal opalescent vaginal fluid.

❖ ***Urination***

It is normal to urinate a lot. Try to allow your bladder to completely empty and do not ignore the urge to urinate. It is also normal to have a slight pulling or burning sensation in the lower abdomen when you urinate. This is usually due to the fact that you had a Foley catheter after surgery.

If you have pain with urination, the urge to urinate without the ability to do so, or frequently urinating tiny amounts, you may have an infection. Blood in the urine is also a sign of infection, but that gets a little tricky since a little vaginal bleeding is normal and it’s often hard to tell if the blood is in the urine, or coming from the vagina. If your urine comes out red, it’s in the urine. If it comes out yellow but seems to be mixed with red, it’s almost always vaginal blood.

❖ ***Catheters***

It is very unlikely that you would need to go home with a catheter; however, if necessary the nurse at the hospital should demonstrate how to care for and empty the bag. Please remember that it is OK to bathe or shower with a catheter, it can get wet. Second, with a catheter in place it is common to see blood in the urine. If this happens simply increase your fluid intake to flush it out.

❖ ***Activity/Exercise***

You need to rest, but you do not need to stay in bed. Get 8 hours of sleep each night with naps during the day. When you become fatigued, rest or nap. Use common sense and don’t overdo it. Gradually increase your activity each day. Exert yourself. Walk for 20 minutes **three times daily** to regain energy and relieve crampy GI pain. This will enable you to get your strength back more quickly. The pain after

surgery is not as limiting a factor as fatigue. Recovery occurs as you regain your energy over time. **It is fine to push yourself and walk as much as you can to facilitate your recovery.**

Gradually resume your exercise routine. **Surgery causes more exhaustion than pain after the first day or so.** The challenge is to get back to your usual exercise routine as soon as possible. You may go up or down any amount of steps, any number of floors, and are encouraged to **do so frequently** in your recovery. You may lift any weight you feel comfortable lifting when you go home. You may resume all of your floor stretches, exercises and Yoga **immediately**. Do not begin or resume power weight lifting (as with dumbbells and barbells) until one week after laparoscopic surgery and two weeks after standard open abdominal laparotomy. Vigorous recovery and activity are encouraged, and you can nap in between.

❖ **Bathing**

You may shower, swim, bathe or soak in a hot tub any time after your laparoscopic surgery, once the four incisions are dry. It is OK to get the incisions wet, simply towel-dry your incisions. Leave your incision sealant (Dermabond) for your doctor to remove at your post-op visit at her office.

❖ **Driving**

Do not drive until one week after laparoscopic procedures and two weeks after open incision procedures and once **you are no longer taking narcotic pain medication**. This is not because you can't physically accomplish the task of driving, because most can. But what you cannot do is reliably jam on the brakes in an emergency without hurting yourself or another person in the early phase of healing after surgery.

❖ **Work**

Returning to work will depend on how you feel and how much rest you need. If you can go a full day without lying down or napping, you may return to work unless there is significant heavy lifting or other strenuous activity in your work. In that case, it is best that you wait until your post op check to determine your physician's recommendations.

❖ **Hormone therapy**

If your ovaries were removed during surgery, your estrogen level will decrease suddenly. This may cause symptoms of menopause, including hot flashes, night sweats, mood swings, bone loss, and vaginal dryness, itchiness and burning. Hormone therapy can help relieve the symptoms of menopause and may give some protection against osteoporosis, colorectal cancer and heart disease. Hormone therapy is not free of risk and may increase the risk of heart attacks, strokes, blood clots, and breast cancer for some women. Non-hormonal treatment options are also available which may help to lessen or alleviate some of your symptoms.

You should have received a prescription for hormone therapy when you were discharged from the hospital. If you are already on HRT, you may restart your hormones the day after surgery. If you are already menopausal and not using hormones, it will not be necessary for you to start taking them, as you will likely only notice a difference for a short while. Even after menopause, if you have been without hormones for a long time, you may still get a few hot flashes after your ovaries are removed.

❖ ***Return to sexuality***

The surgery in your abdomen does not involve removal of *any* of the organs of sexual activity or enjoyment. Removal of the uterus and cervix do not impact the ease of achieving or the quality of your orgasm. Some women will notice differences if their hormones are not kept tuned afterwards. Your doctor is adept at finding the right hormone replacement regimen, as needed, to keep you feeling your best. **Sexual enjoyment should be exactly the same.** Let us know if it is not. You may return ***immediately*** to sexual activity on the outside of your vagina in any and every way that pleases you. Your doctor will check your upper vaginal incision at your 6-week exam, and if it is healing properly you will be able to resume vaginal penetration eight weeks after surgery. When you resume penetration, be gentle for another month. **Remember, do not put anything in your vagina until rechecked at your doctor's appointment.** Do not use tampons, douches or feminine deodorant sprays. Use only non-deodorized sanitary napkins.

POST-OPERATIVE VISIT

Two Weeks: The First Post-Operative Visit

Once you leave the hospital, if all is well, we usually will see you a week or two weeks after surgery. The main purpose of this checkup is to see how you're doing in general, and make sure that you are where you should be in the healing process. During this visit, we will check your incisions to make sure they are healing properly. Sometimes, a very gentle speculum exam is necessary to check internal vaginal healing.

If you were started on hormones in the hospital, the adequacy and efficacy of your dose will be assessed at this meeting. If the dose of estrogen you are taking is too much, you may develop tender breasts. Too low a dose of estrogen can result in insomnia, hot flashes and depression. Call for an adjustment of your hormones if you have these symptoms **before** your visit. About 10% of women require changes of dose, route or type of hormone a few times until it is just right for you.

Six-Week Visit

The six-week visit is generally the final visit. If all is well, you will be told to resume all normal activities, including sex, exercise and pretty much anything else you can think of. The inner vaginal incision will be inspected with a speculum at this visit. It is common to have a small amount of excess scar tissue, called granulation tissue, at the inner vaginal cuff, which will need to be touched with a silver nitrate medicated Q-tip. A follow up visit or two may be necessary to be sure all the granulation has resolved. This is normal.

Your Annual Gynecologic Exam

You still need a gynecologic exam yearly after you have had a hysterectomy. If you still have a cervix, you need an annual Pap smear. If you still have ovaries, these should be examined. Even if you have no uterus, cervix, or ovaries, you should still see your gynecologist yearly. Your gynecologist is the expert who will deal with hormone replacement, or alternatives, if you choose not to take hormones. Your gynecologist will be the only one of your physicians who puts a speculum in your vagina to screen for vaginal cancer and look at your vulva to check for vulvar cancer. The bimanual exam (one hand on your belly and two fingers in your vagina) will detect masses in your pelvis from colon or other cancers. Dropped bladders, rectums, sexual dysfunction, sexually transmitted diseases, osteoporosis screening, breast examinations, are typical of the things a gynecologist deals with for the woman who has had a hysterectomy.

Inform your doctor immediately if you develop:

- Elevated temperature greater than 100.5° F or shaking chills.
- Shortness of breath, or chest pain.
- Worsening of pain, or new pain that is not relieved by pain medication.
- Redness or drainage from your incision.
- Severe abdominal cramps or pain, nausea or vomiting.
- Cloudy, malodorous or bloody urine, burning upon urination or the inability to urinate.
- Bright red vaginal bleeding or large blood clots.
- A foul odor coming from the vaginal drainage.
- Pain, swelling or tenderness in your legs.
- Persistent pain after one week, or think you may need a refill of your pain medicine (**remember, to call during office hours as narcotic prescriptions are not refilled after hours**).

If you have any other problems or concerns please call our office: 634-0060. After hours and on week-ends, please call the physician's exchange: 262-6262.