

2152 S Vineyard#138, Mesa AZ 85210
480-539-6646-p 480-539-6696-fx

Laparoscopic Tubal Ligation Pre-Procedure Instructions

Before your surgery:

- Write down questions or concerns that you have about the procedure, review these questions with the doctor before the laparoscopic.
- Any pre-operative labs, X-rays, or EKG's will need to be done prior to the surgery.

How to Prepare for your surgery:

- Do not drink or eat after midnight the day of your scheduled surgery.

What to expect During your surgery:

- The surgery will take about 30-60 minutes depending on the details of your case.
- Prior to the start of the surgery, you will be hooked up to an IV for hydration and General Anesthesia will be administered.

After your surgery:

- 1 You may experience spotting or unusual discharge from your vagina that lasts a few days.
- 2 You will be on pelvic rest so you should avoid vaginal intercourse or the use of tampons, or douching for six weeks.
- 3 You should rest for the first day.
- 4 No driving after procedure.
- 5 You will be given a prescription for pain medication, take as directed if needed.
- 6 Watch for signs and symptoms of infection, or excessive bleeding, if you notice any contact the office.
- 7 You will need a one week post-operative office visit with the doctor.
- 8 You will receive more detail post procedure instructions for you to use as your reference of instructions during your healing process.

Post Laparoscopic Tubal Ligation Instructions

PAIN:

-It is better to prevent than treat pain. For the first 48 hrs after your surgery, I recommend taking the prescription pain medicine (usually Percocet) every 4 hrs. (if severe you can occasionally take two Percocet). Alternate this with IBUPROFEN (Motrin or Advil) 600 mg. (which is three of the 200mg pills) every 4-6hrs.

-Example: If you take the Percocet at 8:00 then take the IBUPROFEN (600 mg) at 11:00, then repeat the Percocet at 12-1:00 then the IBUPROFEN at 3-4:00. Keep repeating this alternating of medicine every 2-3 hrs. for 48hrs around the clock even if you don't feel you need to. Then take the IBUPROFEN every 6 hrs for 2 more days, then take the pain medicine as needed after that.

BOWELS:

-It is important to return to normal bowel function as soon as possible. The narcotic pain medicine (Percocet or codeine) as well as any surgery will tend to constipate. I recommend taking PERICOLACE (over the counter) one daily until regular bowel movements then take COLACE (over the counter) one daily for two weeks. If you have not had a bowel movement by the second day after your surgery then take 2 DULCOLAX tabs (over the counter or a DULCOLAX suppository. If no action within 24 hrs or if uncomfortable, use a FLEETS ENEMA (over the counter). If this is not successful then call the office during regular office hours.

ACTIVITY:

-You will most likely be discharged the morning after your surgery. When you go home, you may move around, climb stairs, take walks outside and shower. You can drive automatic vehicles when off all narcotics, wait 7 days to drive a manual vehicle. Take it easy until seen in my office in one week after your surgery.

-No lifting over 20lbs or housework until I see you.

-You may shower anytime but be careful not to fall.

-Your regular diet is fine but your bowels may be sluggish after anesthesia. We recommend avoiding gas-causing food and foods that are difficult to digest such as cruciferous vegetables, spicy foods, or meats at least for a few days.

-You may start to exercise lightly in a few days. You may resume any exercise regimen in 4 weeks unless you have had repair work.

-NO SEXUAL ACTIVITY UNTIL NOTIFIED (usually 6 weeks).

HEALING & WOUND CARE:

- Please take antibiotics and/or vaginal cream if prescribed by your doctor.

- You may have light to moderate vaginal bleeding up to 6 weeks. This is normal and an expected part of the healing process. The bleeding may stop and start, especially if you have had your cervix removed. Please use a pad instead of tampons.

- Your incisions will be sore and pink for a few weeks. You will have pain in your right shoulder for a few days after surgery. This is a result of the carbon dioxide collecting under your right diaphragm. The diaphragm refers pain to the shoulder. There is no special care needed for your incision(s). You may shower normally but do not scrub the incision. If you have Steri-Strips and/or Dermabond (surgical glue) on these just leave them alone. The longer these stay on the better your scar will look. A heating pad on the low setting may feel good and may improve the healing.

-You may feel a lump under an incision, especially the umbilical incision. This is a slow-dissolving suture. When the suture dissolves, the lump will flatten out. You may have bruising in your abdomen. This is a normal consequence of laparoscopic surgery. It will resolve with time.

NOTICE: Call the office (during normal business hours) or the emergency pager # on the voicemail if you have a fever (over 101/5F), heavy bleeding (heavier than a period), diarrhea for more than two days, rash or itching, or an area of pain and redness on your leg or arm, severe vomiting or severe pain that is not controlled as noted above.

*Go to the Emergency Room if you have severe trouble breathing or sudden chest pain.

*Also please call the office for an appointment in approximately 7 days.

I have received a copy of this form.

Signature _____ Date _____

Printed Name: _____