

## Post-Operative Instructions for Ambulatory Laparoscopic or Robotic Surgery

### Wound Care

- You may have between 3 and 5 abdominal incisions, ranging from 0.5cm to 3cm.
- Your incisions will be closed with suture that will dissolve on their own.
- There may be a skin glue covering the incisions that serve as a protective barrier. This glue will peel off in 1-2 weeks.
- There may be white steri-strip bandages covering the incisions, particularly in the belly button. On top of that, there will be a gauze covered with a clear bandage. 24 hours after completion of the surgery, you should remove the clear bandage and gauze. Leave the white steri-strips on the skin, they will fall off within 1 week. If they are still on, they can be removed after 1 week.
- You may shower 1 day after your surgery. Water can run over the incision. Pat the area dry. They will heal best if left uncovered and kept dry. A small bit of clear to blood tinged discharge is normal. If this is present, you may *loosely* place a band aid over the incision when dressed to protect your clothing.
- If there is bleeding from the incision that requires you to change the bandage more than once every hour, you should call the office at 609 434 1900 and speak to a clinician.
- If there is pus draining from or redness/tenderness around the incision that is worsening over 6-12 hours, you should call the office at 609 434 1900 and speak to a clinician; you may need an antibiotic. Please ask to speak with the clinical staff rather than the staff answering the phones as they are not qualified to make clinical decisions about your care.

### Pain

- Pain medication is injected around the incision during the surgery. This slowly wears off over 6 hours, and you will be more active once you are at home, so it is normal for the pain to increase once leaving the hospital.
- The pain is usually at its worst for the first 2 days after surgery. We recommend that you take the pain medications regularly as instructed the first two days and then as needed for the pain after the first 2 days. Try to stay ahead of the pain, meaning, do not skip a dose or take less than you need, as it is more difficult to block pain messages once they are present.
- **Mild Pain:** when your pain is less severe, you should use **ibuprofen (Advil or Motrin)** 600mg every 6 hours (best with food) and **acetaminophen (Tylenol)** 1000mg every 6 hours.
- **Moderate or Severe Pain:** for pain which is moderate (4-7/10 on a pain scale) or severe (8-10/10) you should use the prescription medication ordered for you. Percocet 5/325mg every 4 to 5 hours or Tramadol 50 mg every 6 hours are commonly prescribed by our practice. Whichever medication you are ordered, you can take one tablet for moderate or two for severe pain.
- Use the prescription pain medications as necessary, but be aware that it will cause some degree of constipation. If your abdominal bloating worsens or does not improve 3-4 days

after the procedure, try to minimize the use of prescription meds as this can make the problem worse; use ibuprofen or acetaminophen instead.

- You may have aches and pains in your shoulders, arms, and legs- this should get a little better every day.

### **Vaginal Bleeding**

- Vaginal bleeding post-op is expected, as long as it is not brisk and bright red. If you have had a supracervical hysterectomy, it is possible that you may pass a few large blood clots. This is also not worrisome, as long as the bleeding does not continue heavily.
- If it is heavy and you are concerned, put on a clean maxi-pad and monitor the bleeding over one hour. Call 609 430 1900 and report to the clinician the degree to which the pad is soaked within that hour.
- If you had a non-hysterectomy procedure, the surgery can affect your menstrual cycle. Your next period may be early or late, heavy or light. It will not reflect what your period will be like in the long term.

### **Bloating/Bowel Movements**

- Bloating and gas pain is common after surgery. Pain is often referred to the right shoulder and can sometimes be very severe. No medication works well; you can try Gas-X or different teas. Walking around and staying upright will help the gas pass.
- It is common not to move your bowels for up to 1 week after surgery.
- Avoid constipation with a high fiber diet and plenty of fluids.
- Take a daily stool softener such as **Colace** (up to 3 times a day) or **Metamucil** (1-2 times a day).
- Avoid laxatives as they can irritate the bowel and worsen pain. If necessary, try 2 tablespoons of **Milk of Magnesia** or **Miralax**.

### **Diet**

- You are not restricted other than to eat sensibly, nothing too spicy or in too great a quantity.
- Drink plenty of water.

### **Fever**

- A low-grade temperature is common after surgery, especially a myomectomy.
- A true fever is an oral temperature over 101.0F degrees. If you have a temperature greater than 100.4F, repeat your temperature after 4 hours. If above 101.0 degrees, call the office at 609 430 1900 and speak to a clinician.

### **Activity**

- You may resume activities of daily living as soon as you feel up to it. Walking up stairs is okay. Walking around your home and generally being out of bed as much as possible is recommended.
- You may drive whenever you feel able; a good rule of thumb is that when you can walk up stairs comfortably you may try to drive, although you must not be impaired by pain or medications.

- You may return to work whenever you feel able.
- No exercise or heavy lifting (>10lbs) for 6 weeks.
- No intercourse for 6 weeks.

**Additional Information**

- Call the office to make an appointment for a postoperative visit 2 weeks after your surgery or as instructed by your surgeon.
- If you have any further questions or problems, please call 609 430 1900 anytime.

Thank you for trusting us with your care.

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