

The Womens Center

Post Operative Instructions

Outpatient surgeries carry minimal risks however it is important that you review the following instructions to ensure excellent healing and minimal complications.

Although the skin incisions are small, you may have had extensive abdominal surgery. For this reason it is important to “listen to your body” regarding activities and movements. You may find that you are more tired than normal over the next two to three days however this will resolve quickly. Normal pain following laparoscopic surgery includes shoulder tip pain, incisional pain, back pain and menstrual type cramps. You may also have vaginal bleeding, which should lighten over the next one to two weeks. Your next normal period (if your uterus is in place) will be in two to six weeks time and may be heavier than usual.

Care of incisions: The sutures used to close the incision are underneath the skin. If a knot is present to the right of the incision please lift and cut it off the third day after surgery (if this is difficult for you we are happy to do this at the office). The remainder of the suture dissolves on its own and no special care is required. It is helpful to rinse the incisions twice a day with hydrogen peroxide. It is important to try to keep the incision clean and dry. You may shower following surgery, tub baths can be resumed two days after surgery. Once you are able to tolerate it (~1-2 weeks after surgery), it is helpful to gently massage your incision(s) twice a day. This helps to break down the scar tissue and gives a cosmetically superior scar. Vitamin E (topically) and silicon sheets have also been shown to improve wound cosmetics. In the rare case that staples are used you will be instructed to return to the office in 2-5 days for their removal.

Activities: You may resume normal activities as soon as you feel fully alert from the anesthesia. The most important principal is to listen to your body. If it hurts don't do it. Rest is one of the most important factors contributing to adequate healing. Sexual intercourse, tampons or douches should be avoided until your follow up in the office (douching is not a good idea at any time). Please avoid heavy lifting as this places strain on the pelvis. Do not drive for at least two weeks following surgery since your reflexes will be slower than normal. Try to ambulate frequently to help prevent the formation of blood clots.

If you had a bladder repair keep your bladder as empty as possible. Use the restroom every one to two hours and “double void” by urinating, standing up, and then trying to urinate again. Contact the office if you have any signs of a bladder infection (painful/frequent urination, foul odor, bladder/back pain). To allow the bladder to heal in place restrict lifting to 5 pounds for the first 6 weeks following surgery, 15 pounds for 3 months, and 30 pounds ever. Avoid any activities that put pressure on the pelvic floor (i.e. straining for a bowel movement).

Medications: You will have been provided with medication for pain and nausea. Narcotics (Tlyenol#3, Darvocet, Percocet, Vicoprofen etc.) can make you drowsy and you should not drive while taking these medications. Please be aware that the narcotics are very constipating and try to take as little as needed to relieve your pain. The best way to keep your stool soft is a well-rounded diet that is high in fiber and vegetables. If these measures do not provide relief Metamucil or Pericolase can be helpful (these are available at your pharmacy). You may resume medications you were taking before surgery unless otherwise instructed. If you have received a bladder repair you will likely also be provided with a prescription for prophylactic antibiotics.

Follow up: An appointment will be made 2-3 weeks following surgery. If tissue samples were taken the results will be reviewed with you at your follow up visit.

Concerning symptoms: Vaginal bleeding significantly heavier than a period, foul or smelly vaginal discharge, burning on urination, pain that is increasing in nature and not controlled by medications or temperature elevations over 101 (repeat twice at least one hour apart) should prompt a call to our office. It is normal to have some drainage from your incisions however if you get active bleeding, significant redness, or separation of the incisions please call.