



NEWTON-WELLESLEY HOSPITAL

POST-OPERATIVE INSTRUCTIONS LAPAROSCOPY

You have recently undergone a surgical procedure called a laparoscopy. During this procedure, small incisions were made in the navel and lower abdomen through which surgical instruments were inserted. The following information should help you understand what to expect during your recuperative period.

Incision Care:

You will likely have one small incision in the navel and one to three additional incisions just above the pubic area. If these areas are covered with Band-Aids, you may remove them the day after your surgery.

You may find that the incisions are covered with narrow white tape called Steri-Strips. When these begin to fall off, you may gently remove them in the shower (usually seven to ten days after surgery). It is best to leave these incisions open to air whenever possible. After bathing or showering, let the incision sites air-dry or gently pat dry with a towel. Do not try to clean the incisions and do not apply any creams or ointments.

Observe your incisions daily for areas of increasing redness, thick or colored discharge, or worsening tenderness. If you experience any of these symptoms or if you develop a fever of more than 100 degrees, please call your physician.

Diet:

You may eat whatever you feel you can tolerate. You may experience some residual nausea from the anesthesia or pain medication which may decrease your appetite. It is most important to remain hydrated and clear liquids are usually most easily tolerated.

Activity:

It is best to avoid strenuous activity or sports for about a week after surgery, although there are no specific restrictions on activity. The speed with which patients “bounce back” after surgery is largely dependent on the individual. Remember that your body is undergoing a healing process and thus you may not have as much energy as usual.

NOTE: Patients who have undergone a subtotal hysterectomy (removal of the uterus but not the cervix) should avoid intercourse for two weeks after surgery. Patients who have undergone a total hysterectomy (removal of the uterus and cervix) should avoid

intercourse for six weeks. Be aware that annual Pap smears are still recommended for women who still have a cervix.

Pain:

Mild pelvic/abdominal discomfort is to be expected after surgery. You will be given oral pain medication. Do not be afraid to use the medication as directed. Pain management efforts are more successful if you take the medication as soon as you start to feel uncomfortable rather than waiting until the pain is severe. For most patients, a combination of non-steroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen (Motrin or Advil) and a narcotic such as Percocet work best to control post-operative pain. *You should follow the specific instructions your doctor gives you.* Typically, ibuprofen (Motrin or Advil) 600 mg is recommended every 6 hours for first 24 to 48 hours after surgery. The narcotic can be taken with the ibuprofen as needed. Do not take the ibuprofen on an empty stomach. Taking the ibuprofen will help decrease the amount of narcotics you will need.

Shoulder pain after laparoscopy is common and will resolve spontaneously within a few days. Some patients also experience mild discomfort with urination as a result of having a catheter placed during surgery. This will also usually resolve within one to two days. Please notify your doctor immediately if these symptoms worsen or if you are unable to urinate.

The first several menstrual cycles after surgery may be more uncomfortable than usual. Surgical manipulation can often disrupt the normal timing of menstruation. You may get your period earlier or later than expected (anytime from a few days after surgery to several months). As a general rule, you should feel better 48 hours after surgery.

Follow-up:

If you have not already done so, please call the office to schedule a post-operative appointment two to three weeks after surgery. If you have concerns prior to this appointment, please feel free to call at any time.

Please call the office if you experience any of the following:

- Temperature greater than 101 degrees
- Incisions with increasing areas of redness, thick or colored discharge, or worsening tenderness
- Nausea and vomiting, unable to tolerate anything by mouth
- Vaginal bleeding, more than one pad every hour
- Foul-smelling vaginal discharge
- Progressively worsening pain