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POST OPERATIVE INSTRUCTIONS ***LAPAROSCOPIC HYSTERECTOMY***

PLEASE READ THESE INSTRUCTIONS BEFORE YOUR SURGERY **DO NOT LOSE THESE INSTRUCTIONS!**

The staff at the Women's Surgery Center is committed to ensuring that your post-operative experience is as comfortable as possible. Please do not hesitate to call the office for any questions after recovery. **Any questions regarding your surgery or post-operative recovery should be directed to the staff at the Women's Surgery Center rather than your Primary Care Physician.** The following information will help answer the frequently asked questions and will help you understand some of the common experiences that may occur after your surgery. **Please note that most patients have very few complications after surgery.** However, to ensure that you have as much information as possible, the comprehensive list below should help with any concerns you have after your surgery.

All patients should:

- A. Call the office to schedule a post operative appointment 2 – 4 weeks after your surgery.**
- B. Contact the physicians and nurses at Women's Surgery Center for any problems after surgery. Do NOT call your primary care or general OB/GYN physician with problems. They do not know what specific surgery was performed, and will not be able to help you.**
- C. If an ER visit is necessary postoperatively, always return to the hospital where your surgery was performed. Returning to a local hospital may be convenient, but many smaller local facilities will not be able to adequately care for you, resulting in inadequate care. In addition, the physicians at Women's Surgery Center may not have privileges at these hospitals, and will not be able to take care of you should you require additional care.**
- D. Please check to ensure you received a pain medication prescription from the office for Motrin, as well as for antibiotics-Cleocin and Cipro. If you are allergic to any of these medications, please call the office before your surgery so that substitutions can be made. Additional pain medication prescription will be given to you at the hospital prior to your discharge.**

What should I expect immediately after surgery?

1. Activity

- a. **General.** There are no standard limitations with regard to activity after laparoscopic procedures except for driving and sexual activity (see below). In general, use common sense when deciding what activities you are willing to perform after surgery. Every patient is different, and different patients will have differing degrees of recovery. Gradually advance your activity. You should NOT be bedridden after these procedures. Continued movement and increased activity back to normal will prevent prolonged recovery times due to “detraining”.
- b. **Average Recovery Times.** Most patients leave the hospital the same day, about 90% of patients leave the hospital the same day, and 10% will stay overnight at the hospital, usually due to nausea or pain. The average time to achieve approximately 80% of normal activities is 2 weeks; the average time back to work is 7 to 10 days. You should be able to walk, eat, and drink the day after the surgery with mild to moderate discomfort. Please note that every patient is different, and the times stated above can vary from patient to patient.
- c. **Stairs.** Apprehension about stairs or weakness in mobility requires help when climbing up and down stairs. You are allowed to use the stairs if you feel able.
- d. **Lifting.** There are no restrictions for those patients with 5 or 10 mm incisions. For larger incisions, use caution immediately after surgery. Start with no more than #15.
- e. **Exercise.** This is highly encouraged after surgery, since it allows for faster return to normal function, and also helps with pain (exercise causes release of natural morphine type compounds in your body). Use common sense when starting an exercise routine after surgery.
Abdominal exercises-You may resume these exercises when you feel comfortable.
Cardio exercises-Start out slowly and gradually increase time, distance and speed.
 If you are starting a new routine, consult your internal medicine doctor if you have medical illnesses such as heart, lung, or other conditions.
- f. **Driving.** Driving can begin only after you have stopped taking narcotics, and if you feel strong enough to be able to stop the vehicle in an emergency. Use common sense when you begin driving after your surgery – if you are not confident, have someone drive you.
- g. **Sexual Function.** Sexual intercourse should not be engaged in for 6 weeks after hysterectomy type procedures. After 6 weeks, deep penetration should be avoided for the first several times to prevent injury to the vaginal cuff. It is then okay to resume pre hysterectomy sexual activities.
- h. **Bathing/Showering.** You may take a shower the day after surgery. Tub baths should be avoided until your incisions are healed.



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2. Bleeding

- a. **Incisions.** WSC physicians use surgical grade glue, or Dermabond© on the incision sites. This protects the incision and will stay in place for up to 2 weeks or longer. The glue can be removed by using soap and water and gentle scrubbing with a washcloth in the shower or bath after 2 weeks. The glue contains an antibiotic which helps to prevent infection. Bleeding at the incision sites is not uncommon. This can be from the incision itself, or may be a light red colored discharge from the adhesive barrier fluid. Please note that at the Women's Surgery Center, an adhesion barrier fluid called *Adept* is often used to prevent the development of adhesions. To be effective, 500 to 750 cc of fluid (2 to 3 cups) is often left inside to prevent adhesion formation. This can leak out from the incisions, often appears to be light red, and is a normal process. If bleeding persists for more than 2 -3 days or is heavy, please call the office.
- b. **Vaginal.** Vaginal bleeding or spotting can last up to six weeks, and is usually light. This is from the normal healing process at the vaginal cuff. If bleeding becomes heavy, please inform the office immediately. Bleeding that fills a pad in an hour is heavy bleeding.
- c. **Urinary or Rectal.** Call the office for these symptoms.

3. Bruising

- a. **Incision.** Some patients will develop bruises at the incision sites. The incision sites are made by "trocars", a plastic sleeve that is used for access during the surgery for the camera and for instruments. Sometimes these trocars cut tiny vessels just beneath the skin that cause limited bleeding. Even under the best of circumstances, it is sometimes impossible to see these small vessels. A bruise will develop that will resolve. Those patients with very large masses or fibroids may also develop bleeding at the incisions that can be more extensive due to longer manipulation of the trocar sites. Rarely, this bleeding can be very extensive, leading to a large bruise that tracts to the groin area. Please note that this type of bleeding almost always resolves. Pain or warmth may develop from the blood under the skin. Use Motrin 600 mg every 6 hours or 800 mg every 8 hours to relieve the pain.

4. Constipation

- a. Percocet, Vicodin, Tylenol 3, Dilaudid, Morphine, or any other narcotic will cause constipation that can be very severe. Pain medications such as IV morphine are often given directly after surgery in the recovery room. Because of this, you may develop constipation even though you never took any oral narcotic pain meds (many patients do not need these after surgery). To prevent constipation, use a good laxative such as milk of magnesia, mineral oil, or other laxatives that work for you. Colace is not very effective, although pericolace works somewhat better. Remember that the more narcotics you use, the more

constipation. The more constipation, the more pain, and the more narcotics you will require. This is a vicious cycle that can lead to severe constipation. Our recommendation is to start using laxatives immediately after surgery for at least 3 days to ensure that constipation does not develop. Milk of magnesia twice a day for three days is usually quite helpful.

5. Incisions

- a. **5 mm incisions (1/4 inch).** These incisions heal well, but can develop small infections, bruising, or bleeding. The band aids can be removed in two days, the steri strips (small white strips) in 7 to 10 days. You should not have the strips in place at your post operative visit at two weeks.
- b. **10 mm incisions (3/4 inch).** These incisions are used to remove fibroids or ovarian masses. Please note that due to the increased size of the incision, it is common to have more pain, bleeding, or bruising with these incisions.
- c. **4 to 5 cm incisions (2 to 2.5 inch).** These incisions are located above the pubic bone, and are usually used for removal of extremely large fibroids. Occasionally fluid collections develop under these incisions.
- d. For any incision, if pain, bleeding, infection, or other problems persist, please call the office immediately.
- e. All incisions are closed with absorbable suture (will dissolve on its own), and there is no need for removal.

6. Infections

- a. Please note that hysterectomy type procedures are described as “clean-contaminated”. This means that the procedure can be complicated by infection from the vagina. The cervix is attached to the vagina, and removal of the uterus either with or without the cervix increases the risk of infection due to bacteria within the vagina. If your temperature at home is recorded at higher than 100.4, please call the office immediately. Some of the more common types of infection that can occur after surgery are listed below.
- b. **Vaginal.** Some patients will develop a mild infection to the top of the vagina called a cellulitis or vaginal cuff infection. Prescriptions have been sent to you before your surgery for Cleocin and Cipro-***please wait to start these antibiotics until you return home from the hospital.*** These are two very effective antibiotics that may help prevent these types of infections. If you are allergic to Cleocin or Cipro and have received these prescriptions, please call the office. A replacement for Cleocin called Flagyl will be sent to you and Macrobid for Cipro. Also note that **if** the antibiotics cause extensive nausea or you develop an allergic reaction to them, please discontinue the antibiotics and call the office.
- c. **Urinary Tract.** These infections are relatively common after surgery due to catheterization of the bladder. You will not even know that you have been catheterized, since the catheter is placed while you are sleep and removed before you awake. If you notice frequent urination, painful urination, or burning with

urination, the infection is often treated very well with Cipro, an antibiotic prescription you will receive before the surgery.

- d. **Incision.** Infections to the skin also can occur, but are usually minor. Most of these infections can be treated with a topical antibiotic cream you can buy at the drug store. If the Incision area appears very red or is large, call the office. Note that the antibiotic Cipro is relatively effective against many causes of skin infections. You will receive a prescription for Cipro before the surgery.

7. Lung

- a. If symptoms of shortness of breath develop after your surgery, please call the office immediately. Rarely, infection such as pneumonia or clots traveling to the lungs can cause these symptoms.

8. Nausea

- a. **Anesthesia.** Anesthesia is the main cause for nausea immediately after surgery. Anti nausea medications are given after the procedure to prevent this. Some patients will experience nausea after the operation regardless. Although some patients will require admission due to nausea, it will resolve within 12 to 24 hours.
- b. **Constipation.** Constipation is a major cause of nausea. Prevention by using a good laxative after surgery will prevent this (see Constipation above).

9. Pain.

- a. **Incision.** Pain around the incision sites is not uncommon, and will resolve over several days. Most patients describe pain as minimal or moderate, and will improve daily.
- b. **Pelvic and Rectal.** Some patients describe pressure and pain with urination or with bowel movements. These symptoms resolve and are due to irritation to the rectum and bladder from the surgical procedure, and will resolve with time.
- c. **Chest and Shoulder.** The carbon dioxide gas used to insufflate the abdomen during the procedure (so the surgeon can see) will irritate the phrenic nerve in some patients, leading to mild to severe pain. This nerve tracks pain impulses from the lining of the chest cavity. The pain can occur during deep breaths. This resolves within 24 to 48 hours, and is not worrisome. If the pain is extreme or does not resolve, a visit to the local ER is important to rule out other causes of chest pain, such as heart or lung issues.
- d. Pain should resolve over time, and will get better every day. Overall pain in patients with laparoscopy is mild to moderate, and lasts for only one to two days. If pain persists or becomes worse, a visit to the ER at the hospital where the procedure was performed is recommended.
- e. **Pain Medications.** You will be given a prescription for Motrin prior to surgery (start Motrin after surgery) and a narcotic (Percocet, Tylenol 3, or Vicodin) at the hospital prior to your discharge. To be effective Motrin should be used in doses of 600 mg every 6 hours, or 800 mg every 8 hours. Narcotics should be used sparingly since they will cause constipation. The first several days



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following surgery, most patients use mainly Motrin or extra strength Tylenol during the day, with use of a narcotic sometimes at night to help with sleep.

10. Swelling

- a. **Abdominal.** Some degree of abdominal distension (swelling) is to be expected after surgery. This is due to distension of the intestines, and resolves over time. It is usually mild to moderate only.
- b. **Extremities.** Swelling of the legs and sometimes arms is not uncommon after surgery. This is due to increased fluid given during the procedure. This will resolve over several days. If you notice persistent or increasing swelling, tenderness to the calf or calf pain, please call the office immediately.

11. Urinary Retention

- a. Urinary retention is the inability to pass urine through the bladder. A very small number of patients will develop this problem due to the anesthetic used for the surgery. Most patients will have their bladder catheter removed immediately after the surgery. If you are sent home and are not able to pass urine, please go to a local emergency room. A catheter will be placed to allow the bladder to “rest” after the surgery, and will be removed several days later in the office. It is important to have this catheter placed to avoid injury to the bladder.

Please call with any questions or concerns.

1-888-SURGERY

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Revised 11/22/10