



## Center for Minimally Invasive Gynecologic Surgery

### Post operative instructions for laparoscopic hysterectomy

Please read this carefully **BEFORE** your surgery.

North Shore Medical Center's Minimally Invasive Gynecologic Surgery Program is committed to ensuring that your post-operative experience is as comfortable as possible. Please do not hesitate to call our office for any questions after your surgery.

The following information will help answer 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.

#### All patients should:

- A. Schedule a post operative appointment for two to four weeks after your surgery.
- B. Contact your gynecology surgeon if you experience any concerns or complications after surgery. Do NOT call your primary care physician. They do not know what specific surgery was performed, and will not be able to help you.
- C. If an Emergency Room visit is necessary after your stay, always return to NSMC 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 North Shore Medical Center may not have privileges at these hospitals, and will not be able to take care of you should you require additional care.

#### What to expect immediately after surgery:

##### **Activity**

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".

## **Average Recovery Times**

About 90% of patients leave the hospital the same day, and 10% will stay overnight, usually due to nausea or pain. The average time back to work is 7-10 days for laparoscopy, and about two weeks for laparoscopic hysterectomy. You should be able to walk, eat and drink the day after the surgery with mild to moderate discomfort. Please note that every patient and procedure is different, and the times stated above can vary from patient to patient.

## **Stairs**

You are allowed to use the stairs if you feel able.

## **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 pounds.

## **Exercise**

Gentle exercise is highly encouraged after surgery because it allows for faster return to normal function, and also helps with pain (exercise causes release of natural pain relieving 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 physician if you have medical conditions affecting your heart or lungs.

## **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 about your driving ability, have someone else drive for you.

## **Sexual Function**

**Sexual intercourse should not be engaged in for eight weeks after hysterectomy type procedures.** After eight weeks, deep penetration should be avoided for the first several times to prevent injury to the vaginal cuff. After eight weeks, you should be cleared to resume pre-hysterectomy sexual activities.

## **Bathing/Showering**

You may take a shower the day after surgery. Tub baths should be avoided until your incisions are healed.

## **Bleeding**

### **Incisions**

NSMC physicians use surgical grade glue, or Demabond © on the incision sites. This protects the incision and will stay in place for up to two 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 two 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 NSMC 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 the 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 two – three days or is heavy, please call the office.

### **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.

### **Urinary or Rectal**

Call the office for any burning on urination, or rectal bleeding.

## **Bruising**

### **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 other 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 of fibroids may also develop bleeding at the incisions that can be more extensive due to longer manipulations of the trocar sites. Rarely, this bleeding can be 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 600mg every six hours or 800 mg every eight hours to relieve the pain.

## Constipation

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 med (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 generally not very effective, although percolace works somewhat better. Remember that the more narcotics you use, the more constipation you can expect. 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 three days to ensure that constipation does not develop.** Milk of magnesia twice a day for three days is usually quite helpful.

## Incisions

### 5 mm incisions (1/4 inch)

These incisions heal well, but can develop small infections, bruising or bleeding.

### 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.

### 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.

**For any incision, if pain, bleeding, infection, or other problems persist, please call your gynecologic surgeons office immediately.**

All incisions are closed with absorbable sutures (which will dissolve on their own) and there is no need for removal. Incisions are then covered with glue.

## Infections

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 your gynecologic surgeons office immediately. Some of the more common types of infections that can occur after surgery are listed below.

## **Vaginal**

Rarely, patients will develop a mild infection at the top of the vagina called a cellulitis or vaginal cuff infection. An antibiotic will be given to you right before your surgery in order to decrease this risk.

## **Urinary Tract**

These infections are relatively common after surgery due to catheterization of the bladder. You may not even know that you have been catheterized, since the catheter is placed while you are asleep and sometimes removed before you awake. **If you notice frequent urination, painful urination or burning with urination, please call the office immediately.**

## **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.

## **Lung**

**If shortness of breath develops after your surgery, please call the office immediately.** Rarely, infection such as pneumonia or clots traveling to the lungs can cause these symptoms. It is not unusual to have mild pain on taking a big breath after laparoscopy, and this should improve within 2 – 3 days.

## **Nausea**

### **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.

### **Constipation**

Constipation is a major cause of nausea. Prevention by using a good laxative after surgery will prevent this (see Constipation above).

## **Pain**

### **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.

### **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.

### **Chest and shoulder**

The carbon dioxide gas used to inflate 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 NSMC ER is important to rule out other causes of chest pain, such as heart or lung issues.**

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 four to seven days. **If pain persists or becomes worse, a visit to the NSMC ER at the hospital where the procedure was performed is recommended.**

### **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 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.

## **Swelling**

### **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.

## **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.**

## **Urinary Retention**

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 the NSMC 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 the catheter placed to avoid injury to the bladder.