



WOMEN'S HEALTH ADVANTAGE

MINOR GYNECOLOGIC SURGERY (LAPAROSCOPY) AFTER CARE

This instruction sheet gives you information about how to care for yourself after surgery. If you have any problems or questions, call Women's Health Advantage at 260-432-4400.

What you can expect after surgery

After surgery, it's common to have:

- Pain and bruising around your incisions
- A sore throat if you had general anesthesia (due to the breathing tube that was used)
- Fatigue
- Poor appetite
- Shoulder pain from the remaining gas that was used inside your abdomen during the surgery
- A small amount of vaginal bleeding or brown discharge. Use unscented pads or panty liners.
- Symptoms of menopause, such as hot flashes, night sweats and difficulty sleeping, if your ovaries were removed

Incision care

- Your incisions were closed with absorbable sutures which will dissolve by themselves. Surgical skin glue may also have been used for skin closure and will be visible on the surface of the skin. You can peel it off after 7 days. However, if you get a rash under the glue, you may peel it off sooner.
- Sometimes steri-strips (small pieces of surgical tape) are placed across the incisions. Remove these 1 week after your surgery. If they fall off earlier, that's okay.
- When showering, run warm water over the incisions and use a mild soap. Avoid scrubbing the incisions.
- Check your incisions every day for signs of infection, including redness, swelling or pus/foul smelling drainage.

Activity

- Do not drive or operate dangerous machinery while taking prescription pain medication (narcotics). If you are not taking prescription pain medication, you may drive after 24 hours.
- You may shower as soon as desired.
- Do not take baths, use a hot tub or swim for 1 week.
- Avoid strenuous activities and heavy lifting for 1 week.
- Do not have sexual intercourse for at least 1 week.
- Do not use tampons, douches or vaginal creams (unless ordered by your physician) for at least 1 week.

Diet

- You may resume your normal diet.
- Nausea is common after surgery and usually resolves within 48 hours.
- If you have nausea after surgery, try eating small, frequent meals. Also try eating a bland diet, such as crackers, pretzels, toast, jello, protein smoothies, oatmeal, yogurt, rice, chicken broth, applesauce and bananas. It may take a couple days for your appetite to return to normal.
- If you have persistent nausea or vomiting, contact the office.
- Drink enough water to keep your urine clear or pale yellow.

Medications

- You may immediately resume taking your usual home medications.
- A prescription for a narcotic pain medication may have been sent to your pharmacy. You may use it along with ibuprofen (ie: Motrin or Advil) 600mg every 6 hours or 800mg every 8 hours.
- Narcotic prescriptions frequently have acetaminophen (ie: Tylenol) in them, so do not use Tylenol while taking the narcotic medication unless a physician or pharmacist tells you it's okay to do so.
- If you do not have a narcotic prescription, you may also use Tylenol Extra Strength 1000mg every 6 hours and alternate it with ibuprofen.
- Do not take more than 2400mg of ibuprofen or 4000mg of Tylenol in a 24 hour period.

Avoid constipation

- Drink plenty of fluids.
- Narcotic pain medication, as well as anesthesia, can be constipating. If you're feeling constipated or if it's been more than a day since your last bowel movement, we recommend taking Colace or Miralax as directed on the bottle and/or increasing high fiber foods in your diet, such as prunes, apples, raisins, pears and apple juice.
- If you have not had a bowel movement by the third day after surgery, you may use Milk of Magnesia as directed on the bottle.

What to watch out for

- Fever, defined as a temperature of 100.4 degrees Fahrenheit or greater
- Redness, swelling or pus/foul smelling drainage from your incisions
- Increasing pain not controlled by your pain medication
- Vaginal bleeding that soaks more than 1 pad per hour
- Foul smelling or green/yellow vaginal discharge
- Chest pain and/or shortness of breath
- Nausea or vomiting that does not go away
- Persistent pain or bleeding with urination, or inability to urinate
- Pain, redness and/or swelling in your leg

If you experience any of the above, please call the office. If you're concerned about any of your symptoms or if the office is closed, seek care at an Emergency Department.