

Women's Health Partners, LLC

Diplomates of the American Board of Obstetrics & Gynecology

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POST-OPERATIVE INSTRUCTIONS ROBOTIC / LAPAROSCOPIC SURGERY

After your surgery, you will be in the recovery room for a short period of time. After which, you will be taken to your hospital bed. Most patients will go home on the same day of the surgery; however, some patients may need to stay one or two nights in the hospital.

INCISIONAL CARE

You will have small incisions on your abdomen with stitches under the skin. These will dissolve on their own, over a period of several weeks. The incision(s) will be covered with either Steri-strips or glue. These will generally fall off on their own.

A small amount of black and blue discoloration is normal. There may also be a small amount of clear, bloody fluid coming from the incision site as well. Under each incision you may feel some hardness. This is the normal process of healing and will soften over time. You may also have some light vaginal spotting or pink to brown or yellow colored vaginal discharge as the vaginal sutures dissolve if present.

PAIN AFTER GYNECOLOGIC SURGERY

There may be some discomfort around the incision sites, within the vagina, and on the lower abdomen depending on the procedure you had performed.

Gas pain — It is common to develop occasional crampy pain and bloating in the abdomen after surgery. This is caused by gas building up in the intestines. The discomfort is usually temporary and will resolve after passing gas or having a bowel movement. Some patients are helped by nonprescription medications (e.g., simethicone [Gas-X]). If the pain and bloating are severe or do not resolve, you should call our office for guidance.

Women who have laparoscopic surgery may also have shoulder pain because of the gas used to expand the abdomen during surgery. The shoulder pain can last a few days.

What should I do about pain? — Some women find it helpful to support their abdomen with a folded blanket or pillow, or even use a binder for support. A hot water bottle or heating pad can also be used over the abdomen. Care should be taken to avoid burning the skin. A towel or cloth between the bottle may help.

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You can take pain medications as needed. If you have pain that is constant and moderate to severe (in the first few days after a major surgery), it is helpful to take the non-narcotic medication on a schedule, as prescribed (usually every four to six hours). This will help to prevent severe pain from coming back between doses. It will also decrease or eliminate your use of narcotic medication. You can also alternate your Percocet and Motrin every 4-6 hours.

It is not necessary to take pain medication if there is little or no pain. Taking pain medications at higher doses or more often than prescribed can be dangerous.

Types of pain medication — Pain medication is available over-the-counter or by prescription. Possible pain medications include acetaminophen (Tylenol), ibuprofen (e.g., Advil, Motrin), narcotics (e.g., tramadol, oxycodone, hydrocodone), or combinations of acetaminophen and a narcotic (e.g., acetaminophen and oxycodone [Percocet], codeine [Tylenol 3], or hydrocodone [Vicodin]).

Do not drink alcoholic beverages, drive, or perform other activities that require concentration while taking narcotic pain medications.

If pain becomes severe and is not relieved by the recommended dose of pain medications, call our office.

ACTIVITY AFTER GYNECOLOGIC SURGERY

Should I limit my activity? — It is normal to feel tired for a day or two after surgery, especially if general anesthesia was used. If you have a major surgery, you may feel tired for longer. While rest is important, it is also important to walk around several times per day, starting on the day of surgery. This helps to prevent complications, such as blood clots, pneumonia, and gas pains. You can resume your normal daily activities as soon as you are comfortable doing them. Walking and stair climbing are fine. Gradually increase your activity level as you are able.

Can I take a shower or bath? — Showers are permitted, but tub baths and swimming should be avoided for four weeks after a total hysterectomy and two weeks after a supracervical hysterectomy or any other robotic/laparoscopic surgery.

Are there limits on what I can lift? — Lifting heavy objects can increase stress on the healing tissues. Most patients are asked to avoid lifting heavy objects (≥ 10 pounds) from the floor; if the object cannot be lifted with one hand, you should ask for help. Restrictions on lifting are generally recommended for one or two weeks after laparoscopic procedures. Exercise can be resumed gradually as you are able. As a rule, if it hurts, don't do it (a little soreness is okay, pain is not).

Can I drive or travel? — You should not drive a car until you can move easily and no longer require narcotic pain medications and are able to slam on the brake in a parked car without pain. This typically takes about one week.

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Can I have sex? Can I use tampons? — After most types of gynecologic surgery, you should not put anything in your vagina until the tissues are completely healed. Otherwise, you may develop an infection or interfere with healing. This includes tampons, douches, fingers, and all types of sexual activity that involve the vagina. These activities should be avoided for six weeks after surgery.

When can I return to work? — You may return to work when pain is minimal, and you are able to perform your job. This generally can be between 2 to 3 weeks after laparoscopic/robotic surgery.

Time out of work also depends upon your daily activities at work; a person who sits at work may be able to return to work sooner than someone whose job requires them to stand, walk, or lift.

DIGESTIVE SYSTEM AFTER GYNECOLOGIC SURGERY

What can I eat? — You may eat and drink normally after gynecologic surgery. You may have a decreased appetite for the first few days after surgery; eating small, frequent meals or bland, well-cooked, soft foods may help. However, if you are not able to eat or drink anything or if vomiting develops, call our office.

A high fiber diet may help to prevent constipation, although other treatments for constipation are also available.

How do I treat constipation? — Constipation is common after surgery and usually resolves with time and/or treatment. Constipation means that you do not have a bowel movement regularly or that stools are hard or difficult to pass. Constipation can be made worse by narcotic pain medications.

If you are having vomiting in addition to constipation, or if your surgery involved the stomach or intestines, call our office.

A common approach to constipation after surgery is to take a laxative (, magnesium hydroxide [milk of magnesia]) or fiber supplement (, psyllium [Metamucil, Hydrocil] or methylcellulose [Citrucel]); this can be taken with a stool softener (, docusate [Colace]).

What if I have diarrhea? — Some women have a few days of soft stools after surgery, especially after taking medication for constipation. If you have watery stools more than twice a day or have blood in your stool, you should call your health care provider.

URINARY SYSTEM AFTER GYNECOLOGIC SURGERY

Is it normal if it hurts when I urinate? — If you have had pelvic surgery, you may feel a pulling sensation during urination or you may feel sore if the urine falls on vaginal stitches. It can be normal to urinate frequently after surgery.

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Call our office if you have any of the following:

- Burning with urination.
- Needing to urinate frequently or urgently and then urinating only a few drops.
- Temperature greater than 101°F or 38°C (measure with a thermometer).
- Pain on one side of your upper back that continues for more than one hour or keeps coming back.
- Blood in your urine (you can check to see if this is just vaginal blood falling into the toilet by holding toilet tissue over your vagina).

What should I do if it is difficult to urinate? — Most women urinate at least every four to six hours, and sometimes more frequently. If you have not urinated for six or more hours (while you are awake) or if you feel the need to urinate and it will not come out, you should call our office.

FOLLOW-UP VISIT AFTER GYNECOLOGIC SURGERY

We usually ask you to make a follow-up visit at our office, two and six weeks after your surgery. If you are not having any issues, these visits can also be done via tele-medicine if you desire.

At this visit, we will usually evaluate your abdomen and pelvic area. We will review the procedure that was performed and review the results of the pathology if a biopsy or tissue was removed.

WHEN TO CALL OUR OFFICE

You should call our office if you experience any of the following:

- Abdominal pain or bloating that is severe, lasts for one hour or more, and is not relieved after taking the recommended dose of pain medication.
- Shortness of breath or chest pain.
- Vaginal bleeding that is heavy (heavier than a menstrual period or completely soaks a large sanitary pad) and continues for more than one hour.
- Nausea or vomiting that continues for more than one day or that make it impossible to eat or drink.
- Fever greater than 101°F or 38°C (measure your temperature with a thermometer).
- Skin incision changes – Redness, drainage of fluid or pus, or opening of the incision.
- Swelling in an extremity (leg or arm) that is much greater on one side than the other.
- Foul-smelling, green, or dark yellow vaginal discharge.
- Inability to empty the bladder or burning with urination.
- Inability to move the bowels for three days.
- Loose or watery stools two or more times a day **OR** bloody stools.

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