

LAPAROSCOPIC HYSTERECTOMY - POST-OPERATIVE INSTRUCTIONS

This is a guide based on average surgical recovery. Surgical recovery happens on a continuum. It is OK to have better and worse days as long as you feel you are making progress. Please browse through the following as this was compiled using questions we often hear. If you are still concerned please give us a call at the office and we will be happy to help.

FAQ after having laparoscopic hysterectomy

ANY Planning TO PRIOR TO SURGERY ?

- Prepare some light meals to have ready for your return home.
- Purchase paracetamol 500 mg and ibuprofen 200mg.
- Plan for someone to be home with you at least the first day and night.
- Ensure that you have someone pick you up from the hospital and drive you home when discharged.

WHAT DO I NEED TO KNOW ABOUT WOUND CARE AFTER SURGERY?

Your laparoscopic incisions are sutured with dissolvable stitches (sutures).

- Sutures under the skin (dissolvable) or inside the vagina if any do not need to be removed.
- If there is a bandage dressing on the incision, you can take it off 48-72 hours after surgery.
- Tape strips may be removed gently at home (if they have not fallen off) approximately 5 days after surgery. Soaking the strips with a warm, wet cloth or taking a shower may make the strips easier to remove.

Abdominal incisions should be kept clean by showering. Ensure the incisions are patted completely dry. It is not necessary to put soap on the incision; plain tap water is adequate. **Avoid scrubbing the area.*

The way your scar looks will change over time and may not reach its final appearance for up to a year. The area may feel either numb or sensitive to touch. This is normal.

Unless directed by Dr Agarwal, do not apply creams, ointments, or other substances to the incision. If the incision appears red, drains more than a drop or two of blood or fluid, drains pus, or begins to open, you should call us.

HOW TO MANAGE PAIN AFTER MY GYNAECOLOGIC SURGERY?

Will I have pain?

Pain or discomfort should improve over time and can be managed with pain medications as needed. The location and severity of pain depends on the type of procedure. For example, women who have procedures that involve a skin incision (e.g., abdominal hysterectomy, laparoscopy) will have pain in the area of the incision, while other procedures that are performed inside the uterus (e.g., hysteroscopy, endometrial ablation) may be followed by a crampy sensation (similar to menstrual cramps).

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.

Shoulder pain

Women who have laparoscopic surgery may have shoulder pain as a result of the gas used to expand the abdomen during surgery. The shoulder pain can last up to one week and can be eased with heat packs- carefully applied to avoid burns.

What should I do about pain?

Some women find it helpful to avoid uncomfortable positions or activities, support their abdomen with a folded blanket or pillow, or to hold a hot water bottle over the painful area (close the bottle tightly and cover with a towel to avoid burns).

Be proactive about pain medication- take the medication before the pain becomes severe or in anticipation of being more active.

Types of pain medication

We will provide you with a prescription for additional pain medicine after you are discharged from the hospital. These stronger medications include but not limited to narcotics (e.g., oxycodone, hydrocodone), or combinations of paracetamol and codeine (e.g., Panadeine Forte).

If you are taking other medications, ask your healthcare provider whether it is safe to take these and pain medications at the same time. **Do not drink alcoholic beverages, drive, or perform other activities that require concentration while taking narcotic pain medications.*

WHAT ABOUT VAGINAL BLEEDING AFTER GYNAECOLOGIC SURGERY?

Some light vaginal spotting or bleeding is expected and may continue for several weeks after gynaecologic surgery. Occasionally (especially in the first week after surgery), you may have an episode of heavy bleeding when you stand up or after urinating.

If bleeding is heavy (more than a menstrual period OR completely soaks a large pad in one hour) do not hesitate to contact us.

A pad may be used, but tampons should generally be avoided.

WILL MY URINARY SYSTEM BE AFFECTED AFTER GYNAECOLOGIC SURGERY?

Is it normal if it hurts when I urinate?

If you have had vaginal 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. Please contact us should you have any of these symptoms

- Burning with urination
- Needing to urinate frequently or urgently and then urinating only a few drops
- Temperature greater than 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 cannot pass urine, you should contact us immediately.

WHEN SHOULD I RESUME NORMAL ACTIVITY AFTER GYNAECOLOGIC 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. Given you have had a major surgery, you may feel tired for longer. Taking a few short naps during the day or resting when you are tired may help.

While rest is important, it is also important to walk around several times per day, starting 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. Walking and stair climbing are fine. Gradually increasing your activity level as you are able.

Can I take a shower or bath?

Your dressing is waterproof. You can shower, but tub baths and swimming should be avoided at least for about 2 -3 weeks.

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 (≥ 5 kilos) from the floor; if the object cannot be lifted with one hand, you should ask for help. **Restrictions on lifting are generally recommended for six weeks.*

Can I drive or travel?

After a laparoscopic hysterectomy you can resume driving after 4 weeks and 6 weeks after open abdominal hysterectomy.

If in doubt call your car insurance company and determine if there are any restrictions on your insurance coverage. You should be well enough to be able to react effectively in an emergency situation if needed.

We recommend avoiding long trips by car, train, or airplane during the first two weeks after major gynecologic surgery (e.g., hysterectomy).

*You should not drive a car until you can move easily and no longer require narcotic pain medications.

Can I have sex? Can I use tampons?

After most types of major gynecologic surgery such as a hysterectomy, you should not put anything in your vagina until the tissues are completely healed to avoid an infection which may interfere with healing.

This includes tampons, fingers, and all types of sexual activity that involve the vagina. Usually after hysterectomy sexual activity can be resumed after 6 weeks.

When can I return to work?

For a Hysterectomy, you may require four to six weeks to recover. 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.

MY DIGESTIVE SYSTEM AFTER GYNAECOLOGIC SURGERY?

What can I eat?

You may eat and drink normally after gynaecologic surgery once you have been reviewed by the nurses on the ward. You may have a decreased appetite for the first few days after surgery; eating small, frequent meals or bland, soft foods may help.

A high fiber diet may help to prevent constipation, although other treatments for constipation are also available. Also be sure to drink enough water to stay well hydrated and to prevent constipation.

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 e.g. Panadeine.

If you are vomiting in addition to constipation, or if your surgery involved the stomach or intestines, contact us before using medications to treat constipation.

A common approach to constipation after surgery is to take a laxative or fiber supplement (e.g., psyllium [Metamucil]). This can be taken with a stool softener (e.g., Coloxyl).

If the initial treatment does not produce a bowel movement within 24 to 48 hours, the next step is to take a stimulant laxative that contains senna (e.g., Senokot) or bisacodyl (Dulcolax). Read the directions and precautions on the package before using these treatments.

If these treatments do not produce a bowel movement within 24 hours, you should contact us for further advice.

Once the bowels begin to move, you may want to continue using a stool softener (e.g., docusate [Coloxyl]) on a daily basis to keep the stools soft.

This treatment may be taken for as long as needed.

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 contact us.

WHAT FOLLOW-UP DO I HAVE AFTER MY SURGERY ?

Your post-operative review should have been booked when you had your operation. If this is not the case, please call the rooms at your earliest convenience to do so.

THE APPOINTMENT IS IMPORTANT TO:

Go through the surgical procedure details to ensure you have thorough understanding of the surgery performed.

- Check the results of histopathology and any other tests performed during or after the surgery.
- Review pictures taken during the surgery (laparoscopy/ hysteroscopy)

- Make plans for further treatment. Depending on what you had, you might need further tests, follow up and/or ongoing care.

This appointment is a good opportunity to ask questions about the procedure you had, for example:

- Were there any abnormal findings?
- Was my cervix removed?
- Were my ovaries removed? Which ovary was operated on or removed?
- Was mesh or any other permanent surgical material used?

A copy of this information, including a copy of the histology will be sent to your GP.

WHEN DO I CALL?

You should call if you experience any of the following:

*Please present there and advise the staff there that you are my pvt patient!

- Abdominal pain or bloating that is severe, lasts for 3 hours 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 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.
- You think something is not right and you feel you need to tell or check with someone.

POST SURGERY CONTACT PATHWAY:

IN A LIFE THREATENING EMERGENCY PLEASE CALL 000

YOU CAN CONTACT

- Dr Anju Agarwal, Specialists on Honeysuckle– **03 54432276** (office hours)
 - St. John of God Hospital: **03 54343423** (maternity ward)
 - St. John of God Hospital: **03 54343434** (main switch- ask to speak to nursing supervisor)
 - Your local GP
 - Nearest emergency department.
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